was an important and attractive figure in the life of Birmingham, at that time the very hub of the Industrial Revolution. The book is much more than a life of Withering. Proceeding by a method reminiscent of *Tristram Shandy*, it is a storehouse of unexpected and often inaccessible information. This is notably the case with the so-called Lunar Society of Birmingham, a vigorous and unconventional group which, for practical advance in science, was for some time an effective rival of the Royal Society. The book is too modestly named. Some such title as “Scientific Life in the Midlands in the Eighteenth Century” would have been not inappropriate. It contains much interesting and not a little new information on such figures as Sir Joseph Banks, Matthew Boulton, Henry Cavendish, Erasmus and Robert Darwin (grandfather and father of Charles), Thomas Fowler, Lavoisier, Joseph Priestley, Mary Schimmelpennick, Smeaton, Warhtire, Watt, and Wedgwood. It is, in fact, an ideal gossiping record of eighteenth-century scientific, technical, and medical activity. We could wish that the extracts from letters had been, in places, a little less full. New and rather unpleasant light is thrown on the two Darwins, whose success as practitioners is still something of a mystery. The book is a good one for the bedside and well worthy of preservation for reference.

By L. J. WITTS.

**BOOKS RECEIVED**

Review is not precluded by notice here of books recently received


deliveries to distribution centres to continue at a rate of over 6,000 a month during 1951, but some of these would be required as replacements.

**More Medical Students?**

Dr. Somerville Hastings on March 8 asked what steps the Minister of Health was taking to have more medical students trained and thus ensure a sufficient number of doctors, in view of the necessity for expansion of the National Health Service.

Mr. H. Marquand replied that he was advised that the present output of the schools was sufficient to provide for some expansion as well as to replace wastage.

**Inflation of Doctors' Lists**

On March 8 Colonel Crosthwaite-Eyre asked the Minister of Health what reasons prompted him to adopt the policy set out in Health Circular E.C.L. 6/51, dated January 11, for eliminating inflation in doctors' records.

Mr. H. Marquand said the present inflation made it impossible accurately to assess the total remuneration due to general practitioners or to distribute the money equitably between doctors.

**Fees after Road Accidents**

Mr. Hugh Fraser asked whether Mr. Marquand knew that anyone suffering a road accident in which a motor vehicle was involved could be charged 12s. 6d. by hospital management committees for emergency treatment.

Mr. H. Marquand said the liability to meet the charge for emergency treatment under Section 16 of the Road Traffic Act, 1934, was upon the person using the vehicle at the time of the accident, and was confirmed in the National Health Service Act.

**Doctors' Cars.**—Dual-purpose vehicles may be exempted from the need to have a C carrier's licence when used by doctors, dentists, and veterinary surgeons, if draft regulations now being circulated by the Minister of Transport to interested organizations are approved.

**Free Treatment Abroad.**—Under a convention recently ratified, indigent British subjects in the Netherlands will, from April 27, have the same rights to free medical treatment as indigent Dutch subjects.

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**Medico-Legal**

**TRICHINIASIS FROM INFECTED PORK**

**[FROM OUR MEDICO-LEGAL CORRESPONDENT]**

In December, 1946, Mrs. Noreen Heil bought two pork chops from her butcher. They were cooked for her by her maid, and Mrs. Heil found them to be underdone to such an extent that when they were cut a little blood ran out. She took them back to the kitchen, but, finding that her maid had washed up what they had been cooked in, she did not insist that they should be cooked any more. After eating the chops Mrs. Heil became seriously ill with trichiniasis.

She subsequently brought an action in the King's Bench Division against the butcher from whom the chops were bought, alleging that in breach of the conditions implied upon the sale by the Sale of Goods Act, 1893, the pork chops were not fit for human consumption and were not of merchantable quality, but were infected by parasite worms, as a result of which she contracted trichiniasis.

According to the evidence there had been only one case of trichiniasis in England between 1941 and 1946, although the disease is less rare in Europe, and Mr. Justice McNair congratulated Mrs. Heil's doctor upon his diagnosis of trichiniasis made before he had learnt that she had eaten pork. (Outbreaks of trichiniasis were described in 1941 at Wolverhampton by Dr. J. E. Stanley Lee, in Hertfordshire by Professor L. P. Garrod and Dr. D. MacLean, in Southeast London by Drs. E. Davis and E. N. Allott, and in Birmingham by Dr. L. J. Bacon. A case was described in 1948 by Drs. M. Macandrew and E. Davis.)

The principal defence was that the pork if properly cooked would have been fit for human consumption and was of merchantable quality, and that the cause of Mrs. Heil's illness was not any breach of condition by the butcher but her own failure to see that the pork was properly cooked. The defence was that, if pork infected with the parasite was subjected to cooking at a temperature of 137° F. (58.3° C.), the encysted parasite would be killed and no one eating pork could contract the disease.

Mr. Justice McNair in his judgment said that it was common knowledge that pork ought to be cooked till it was white. He thought that the implied condition of fitness was satisfied if the pork when sold was in such a condition that if cooked according to accepted standards it was safe, and said that he was supported in his view by American and Canadian cases cited to him. He therefore dismissed Mrs. Heil's claim, but in case there might be an appeal he assessed the damages which he would have awarded had the claim succeeded at £750 for general damage and £209 6s. 10d. for special damage.

Whether the defence which succeeded in Mrs. Heil's action would avail a butcher who was prosecuted under the Public Health Act, 1875, for exposing for sale pork which was "unsound or unwholesome or unfit for the food of man" because it contained the parasite which, if not killed in the cooking, would infect anyone who ate it with trichiniasis is a question yet to be determined by the courts. Mr. Justice McNair's reasoning certainly seems to apply just as much to the statutory duty to expose for sale pork not fit for the food of man as it does to the condition implied under the Sale of Goods Act that the pork sold to Mrs. Heil should be fit for human consumption.

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**Universities and Colleges**

**UNIVERSITY OF CAMBRIDGE**

Frank George James Hayhoe, M.B., B.Chir., M.R.C.P., has been appointed a University Lecturer in Medicine for three years from March 1.

Sir Alan Filmer Rook, K.B.E., C.B., F.R.C.P., D.P.H., has been reappointed Senior Health Service Officer until the retiring age, and Leonard Heber Hawtry May, M.B., B.Chir., has been reappointed Junior Health Service Officer for five years from May 1.

In Congregation on March 3 the following degrees were conferred:

- **M.A.-** George Kent Harrison, M.D., F.R.C.S., Associate Lecturer in the Faculty of Medicine.

The following candidates have been approved at the examination indicated:


By proxy.

**UNIVERSITY OF LONDON**

The William Julius Mickle Fellowship for 1950-1 has been awarded to Russell Claude Brock, M.B., M.S. (Guy's Hospital), in respect of the work he has carried out during the past five years. The Fellowship, of the value of £250, is awarded to the person graduating from the University, who has done most to advance medical art or science within the preceding five years, and has therein shown conspicuous merit.

The following candidates have been approved at the examination indicated:

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Tetanus Toxoid

Q.—(a) What is the evidence for the claim that in an actively immunized person an injection of 1 ml. tetanus toxoid is as effective as tetanus antitoxin in preventing infection of a contaminated wound? (b) How soon after wounding must the toxoid be given to be effective? (c) Is there any advantage in giving a larger dose than 1 ml? (d) How recent must active immunization have been for the booster dose of toxoid to be effective?

A.—(a) During the second world war the methods adopted for the control of tetanus differed in the British and American Forces. Both used active immunization with tetanus toxoid for basal immunity, but the British soldier at the time of wounding was given a dose of tetanus antitoxin while his American counterpart was given tetanus toxoid. The overall incidence of tetanus during the war was about the same low figure in the two Forces.

(b) The theoretical disadvantage of giving toxoid rather than antitoxin at the time of wounding is that the toxoid has to stimulate the production of fresh antibody, which takes four to five days. Within that time, if conditions were particularly favourable, enough tetanus toxin might be formed to cause clinical infection. Tetanus toxoid should therefore be given as soon as possible after wounding. If the wound is of the deep penetrating type and cannot be quickly cleaned surgically, antitoxin should also be given. Another minor disadvantage of active immunization is that a small proportion of people respond poorly to any immunizing agent.

(c) No.

(d) If a good basal immunity has been established by two doses of 1 ml. toxoid at six or more weeks' interval, the booster dose will be effective even when given some years afterwards. The circulating antibody is maintained at a higher level for a much longer period of time after the booster dose than after the original immunization.

Is Chloramphenicol Justified?

Q.—Is the prescribing of chloramphenicol justifiable as a treatment for whooping-cough, herpes zoster, and chicken-pox, taking into account its great cost and, I believe, its doubtful value in these diseases?

A.—There is no evidence that chloramphenicol is of any value in herpes zoster or chicken-pox. A small number of uncontrolled trials have been reported, from which it is claimed that chloramphenicol shortens the duration of whooping-cough, but this claim has not yet been substantiated. Trials are at present being carried out to determine the exact indications in this disease, and the results will be available in a few months' time.

Treatment of Squint

Q.—At what age should the treatment of a congenital internal strabismus commence, and what should it consist in?

A.—The age at which treatment of an internal squint should begin is the age at which it becomes manifest. No infant is too young for a refractive or for spectacles, which can be worn secured by a tape. Correction of a substantial refractive error is the first step in all treatment of squint. Squint in the early stages is generally alternating, and at...