

MEDICAL NEW YEAR HONOURS

Among the members of the medical and allied professions whose names appeared in the New Year Honours list were the following:

Privy Counsellor—Mr K H Clarke, QC, Minister of State, Department of Health and Social Security, Member of Parliament for Rushcliffe.

Knights Bachelor—Dr J Badenoch, consultant physician, Oxfordshire District Health Authority; Professor P A Bramley, professor of dental surgery, University of Sheffield; Dr L R Edwards of Queensland, Australia, for services to government and parliament; Dr J R Vane, FRS, for services to pharmaceutical research; Dr G F Vaughan, MP, for political and public service.

CB (Civil Division)—Dr R J Weir; Dr D G Wilson of Queensland, Australia, government medical officer.

CB (Military Division)—Major General J P Crowdy, honorary physician to the Queen.

CBE (Civil Division)—Dr A J R Anderson; Mr J C Ballantyne; Mr D E Bolt; Professor J L Jinks; Professor R D Keynes; Professor F W O'Grady; Professor K Rawnsley; Dr T J Thomson.

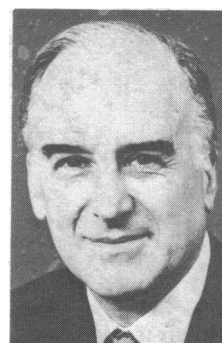
OBE (Civil Division)—Mr J A Campbell; Mr J W Carswell for medical services to the



Mr K H Clarke



Dr J R Vane



Dr G F Vaughan



Mr D E Bolt

community in Uganda; the Honourable Dr Ruth E Coggan for medical services in the community in the North-West Frontier Province, Pakistan; Dr S C Crystal; Dr J S Happel; Dr A P Jones; Mr R L Lamming; Dr A R Lyons; Dr R B Miller of New Zealand, lately chief director, Department of Scientific and Industrial Research; Dr W K Moi for services to medicine in Papua New Guinea; Dr R Owen; Professor D T E Williams.

OBE (Military Division)—Lieutenant Colonel C G Callow.

MBE (Civil Division)—Dr D F Boomla; Lady Crofton; Dr D H Fox; Dr R J H Guy; Dr Lilian B M Harris for medical services to the community in Nairobi; Dr R B Priscott for medical services to the British community in Jeddah; Dr R D Scott of New Zealand, lately senior casualty officer, accident and emergency department, North Canterbury Hospital Board; Dr N A Silverston; Dr P C Steel.

MBE (Military Division)—Warrant Officer A L Viner.

MEDICOLEGAL

Scars that never felt a wound

BY OUR LEGAL CORRESPONDENT

A 15 year old Tottenham boy was concerned in an incident in which an innocent person was hit in the eye by an airgun pellet. The boy was charged with unlawfully and maliciously wounding the victim contrary to s20 of the Offences Against the Person Act 1861 and was convicted. The justices held that the abnormal presence of red blood cells in the fluid of the victim's left eye, indicating the rupture of one or more blood vessels, was sufficient to constitute a wound for the purposes of s20.

The boy appealed to the High Court. He argued that there was no "wound" within the meaning of the section, that his conviction should be quashed, and that his sentence—two years' supervision by a probation officer—should be set aside. The court considered the matter with great care, examining nine early 19th century cases on the aetiology of s20 and the meaning of the word "wound." The judges found that since about 1850 the word has acquired a settled meaning at law, a meaning which ensured the success of the appeal.¹

Break in the skin

The court's conclusion was that for 130 years the essential element in a wound has been a break in the continuity of the whole skin, whether on the outer surface of the body or on an internal body cavity, like the mouth, where the skin is continuous with the skin on the body's outer surface. And by "whole skin" is meant not only the epidermis but the dermis

also. Anything less than this is not, in law, a wound.

So the boy's appeal was allowed, for, though the injury lay within the victim's eye, the surface of the eye was not broken. The same conclusion would seem to follow where the defendant has broken his victim's skull with a

blunt instrument: no break in the whole skin, no wound.

Though the Tottenham boy may be free, however, this decision will not lead to wholesale acquittals of canny thugs who read the law reports and know how to land their blows. There are many alternative charges which the police can use to good effect, and they are unlikely to make this particular mistake again.

¹ *C v Eisenhower* (1983) 3 WLR 537.

PARLIAMENT

Health and Social Security Bill

The government had a majority of 110 in the second reading debate of the Health and Social Security Bill on 20 December. One of the measures in the Bill is to end the opticians' monopoly for supplying spectacles. Mr Norman Fowler, Secretary of State for Social Services, gave the following example of why more information should be made available to the public. A survey in which the same prescription was taken to 58 different opticians in London found that the price offered ranged from £44 to £103. The government believed many of the restrictions in selling spectacles could be lifted, and the Privy Council would be given the power to amend the rules on advertising. Under the Bill non-opticians would be prevented from supplying glasses to children or fitting contact lenses. Non-opticians would be able to sell only against a recent prescription—that is, issued in the previous two years. Free sight tests and free

glasses to exempt groups, such as children and low income families, would continue.

Other changes in the Bill, Mr Fowler said, were directed towards better management and more positive direction of the family practitioner services. Family practitioner committees would become employing authorities in their own right; they would be responsible for their own services and answerable for their own costs. The new measures would give family practitioner committees the incentive and challenge of sole responsibility and enable ministers to hold them to account and require them to promote measures to increase cost effectiveness. The committees would be stronger bodies and would become specialist committees able to concentrate on primary health care. "We want them to develop the planning side of their role," Mr Fowler said, "for example, by producing detailed plans, in consultation with the local medical committee, for the development of family doctor services in their areas." Part II of the Bill deals with social security matters.

The opposition spokesman on health, Mr