as to be readily understood by readers not specializing in radiotherapy. An excellent, concise contribution on the biological basis of radiotherapy by Professor F. C. Koller should give all radiotherapists food for thought, and the list of references indicates the number of workers now contributing to the field of radiobiology. The chapter, however, exposes gaps yet to be filled in our knowledge of the factors influencing effects of ionizing radiations on tumour and tumour bed, without which, one feels, further progress in radiotherapy will not be achieved.

The remaining contributions are concerned with the clinical applications of radiotherapy in current use, and, though they do not reveal anything fundamentally new, they are comprehensive. Special mention must be made of the chapters on malignant tumours of the maxillary antrum and ethmoids and the pharynx. These difficult sites for radiotherapeutic treatment are very well discussed, the text being supported by excellent illustrations. The same also applies to the section on carcinoma of cervix and corpus uteri. Gaenecologists and radiotherapists alike will find this well-illustrated contribution, which presents the various techniques in use to-day, a guide and help in determining treatment policy. There are also useful chapters on radioisotopes and radiation protection. The contribution on carcinoma of the breast could be expanded with benefit. More detailed information on other radiotherapeutic techniques, preferably by illustration, would be appreciated. In conclusion, this book presents concisely the contemporary British approach to the clinical practice of radiotherapy and can be recommended also to students of the specialty.

N. A. SHARPLES.

TOXIC ALIPHATIC FLUORINE COMPOUNDS


Although the toxic aliphatic fluorine compounds referred to in this monograph are of little or no industrial importance, they are of great interest to the biologist and classical worker of Sir Rudolph Peters on fluorooacetate illustrated how a toxic compound could be used to throw light on normal metabolic processes. The author is a chemist who has contributed a great deal to the preparation of these compounds. Many readers will be surprised to see from the tables that data on over 350 compounds are available. The information on toxicity is, however, very meagre and limited for the most part to the I.D.50 for single doses to mice. Hitherto even this scrap of information was buried in the chemical rather than the biological literature. The author has no personal contribution to make to the discussion of the nature of the toxic effects of these compounds, and he extrapolates freely from the work of others. Indeed, it is only by constant repetition that he is able to expand the matter to the dimensions of a monograph.

The opening sentence to the effect that criminologists are continually on the alert for poisons capable of committing “the perfect murder” is more in keeping with a “whodunit” than with reality. However, the book is otherwise mainly addressed to one group of organo-fluorine compounds.

J. M. BARNES.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received.


COMMUNICATIONS BETWEEN DOCTORS

APPEAL TO HOUSE OF LORDS

[FROM OUR LEGAL CORRESPONDENT]

On December 21, 1960, the House of Lords delivered judgment on an appeal in an action brought against Dr. Jack Stephen Rix, general practitioner, of Mill House, Shenfield, Essex, and Dr. Chapman, a butcher who was accidentally wounded at work by a butcher's knife. At a cottage hospital Dr. Rix examined the wound to Mr. Chapman's abdomen. He concluded that, though the deep fascia had been cut, the wound had not penetrated the peritoneum. Dr. Rix sent Mr. Chapman to hospital, where he had been stitched and dressed. Dr. Rix told Mr. Chapman that he thought it was a superficial wound, but he gave him an emphatic instruction to see his own doctor that evening and tell him what had been done. Mr. Chapman told his own doctor, Dr. Mohr, that he had been told at the hospital that the wound was "superficial," and Dr. Mohr diagnosed a digestive disorder. In fact, the wound had penetrated the small intestine, and Mr. Chapman died of acute peritonitis five days after the accident, after being admitted to hospital for an operation.

At first instance, Dr. Rix was found negligent on only one of the grounds charged against him—namely, that he had been negligent as a doctor in failing to communicate directly by telephone or letter with Mr. Chapman's own doctor after treating him. The Court of Appeal (one judge dissenting) allowed Dr. Rix's appeal against this finding.

The House of Lords, by a majority of two to three, dismissed Mrs. Chapman's appeal and upheld the Court of Appeal's finding in favour of Dr. Rix.

Nature of Message

The majority of the House of Lords took the view that, although the patient was told to consult his own doctor, the message was an emphatic warning that the patient's own doctor should be called in. If Dr. Rix had communicated with Dr. Mohr directly, he might have said that Mr. Chapman needed watching, but Dr. Mohr could be expected to understand that without being told.

Of the minority of the House of Lords, Lord Keith took the view that Dr. Mohr should have been put in possession of the information that had been observed and done by Dr. Rix; and Lord Denning is reported by The Times as saying:

A medical man might sometimes feel justified in giving misleading information to a patient so as not to worry him. But if he did so, he must be very careful to give the true information to his relatives and to those about him, and, most important of all, to the patient's own doctor who had to treat him.

No Precedent

The judges in this case were sharply divided, not so much on questions of law as on the application of the law to the facts of the case. The doctrine of precedent applies only to statements of law. The decision in this case is not authority for the proposition that a doctor (whether a general practitioner or casualty officer) who treats a patient in an emergency is never under a duty to write to the patient's own doctor if he thinks observation is advisable. There are patients so lacking in intelligence that any message given to them orally could not be expected to be delivered accurately. There are other patients who can be expected to deliver a message accurately but whom it is necessary to reassure, with the result that an oral message may be over-optimistic at first sight: the greater the degree of reassurance, the less urgent is the message. There are so many gradations of facts that the question whether to warn a most difficult one; but the only safe policy to adopt is always to communicate directly with the patient's own doctor in all cases where further observation is advisable.

The decision contains a warning for general practitioners that, when a patient comes to them on the instructions of another doctor after treatment for an emergency, any reported reassurances should be treated with reserve.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Dr. J. M. Glynn has been reappointed a University Demonstrator in the Department of Pathology and with effect from May 1, 1960, for two years, and Dr. L. H. H. May has been reappointed a Health Service Officer with tenure from May 1, 1961, for five years.

The following candidates have been approved at the examinations indicated:


1 Passed in principles and practice of ship's medical officers; 2 Passed in midwifery and gynaecology.

UNIVERSITY OF ABERDEEN

The following resignations are announced: Mr. Ian MacGillivray (Senior Lecturer in Midwifery), as from May 31, 1961, on being appointed to the Chair of Obstetrics and Gynaecology at St. Mary's Hospital Medical School, University of London; Dr. Kenneth B. Fraser (Senior Lecturer in Bacteriology), as from March 31, 1961, on being appointed to a lectureship in the new Department of Virology at the University of Glasgow; and Dr. Mark S. Fraser (Lecturer in Child Health), as from January 15, 1961, on being appointed Consultant in Medical Paediatrics in East Fife, under the South-eastern Regional Hospital Board.

VITAL STATISTICS

Influenza

Compared with a year ago, deaths from pneumonia and bronchitis in England and Wales began to show a moderate rise from the week ended December 17, 1960. Deaths attributed to influenza showed a rise of from 23 in the week ended December 24 to 45 in the week ended December 31. In the last week of 1959 there were 24 deaths from influenza. The Ministry of Health has received reports from several districts in the Midland region of local outbreaks of influenza-like illness which began in the week ended December 24.

We are indebted to Dr. C. W. GORDON, S.A.M.O., Birmingham Regional Hospital Board, for the following report: Evidence of bronchiolitis in children resident in the City of Birmingham admitted to hospital was followed immediately before Christmas by a sharp rise in the number of cases of respiratory-tract infection in the adult population admitted to hospital. Within a week there were indications from hospital admissions that this infection was present in the Black Country and Wolverhampton conurbation and Coventry and Nuneaton, and within a further week that it had occurred in the periphery of the hospital region, including Stoke and Stafford in the north and Worcester and Hereford in the south. Hospitals have been under very heavy pressure from admissions of such cases with chest complications, including bronchopneumonia, a few cases of haemorrhagic pneumonia, and cardiac disease. The elderly and those with chronic bronchitis have also figured in hospital admissions. As a measure of admissions in the City of Birmingham, the Birmingham Bed Bureau's daily case load has been double that of the corresponding period 12 months ago. Nursing staff of hospitals have been affected with respiratory-tract infection necessitating off-duty for up to 4-5 days. Clear definition of infection has been complicated by the number of cases of respiratory disease expected in a community at this season of the year.

Nevertheless, many patients at hospital presented signs and symptoms of clinical influenza.

The Regional Virus Laboratory, Little Bromwich General Hospital, Birmingham, reports 10 isolations from hospital patients and nurses resident in the City of Birmingham, of a virus closely similar to or identical with the Asian influenza virus. The laboratory has also found serological evidence of influenza A infection in 19 hospital patients resident in the City of Birmingham.

Diphtheria in Camberwell

We are indebted to Dr. H. D. CHALKÉ, Medical Officer of Health, Camberwell, for the following report: On December 19, 1960, a Camberwell child, a patient at a London children's hospital, was notified as suffering from faucial diphtheria. The child, aged 7 years, became ill on December 15 but was at school on December 16. The school closed for the Christmas holidays on December 21. Since then 11 cases of clinical diphtheria and 19 children found to be harbouring the organism (C. diphtheriae mitis) have been admitted to hospital. In January, 1960, 76 cases and carriers were discovered in another part of the borough, but there is little evidence of a connexion between the two outbreaks. The present cases have tended to be less mild in character, and some of the children have had severe attacks of the classical type. There has been one death.

The outbreak is linked with a primary school, and nearly all those affected are pupils there; the others attend an adjoining junior mixed school or are family contacts. Most of the children are aged 6 years. Cases are so far limited to an area of about 1-mile radius round the school. In only one of the patients is there a record of immunization, but there had been no reinforcing injection.

Most of the subsequent cases and carriers were brought to light as a result of swabbing and surveillance of class and home contacts, which, though complicated by the school holiday, was begun immediately. General practitioners, who were alerted at once, were also given suggestions on immunization procedures. They gave the fullest cooperation. As a result of home visiting, and the publicity in the press and the broadcasting services, there has been a welcome increase in the numbers immunized. Apart from the active or passive immunization given to the contacts of the first cases, large numbers of children have been brought to the special clinics established at the school, as well as to the regular sessions in other parts of the borough. It is too early to say whether these energetic measures have been successful in quenching the outbreak, but it seems that more cases may be expected.

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 each week during the years 1951-9 are shown thus ———-, the figures for 1960 thus ———-. Except for the curves showing notifications in 1960, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.
ANNUAL MEETING OF THE SOCIETY FOR THE STUDY OF SPACE PROBLEMS.

Friday, January 20

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS


DEATHS

Burn.-On December 18, 1960, Alfred Burn, M.D., of Lochin, Baldwin Avenue, Eastbourne, Sussex, aged 97.


Farnleigh.-On December 5, 1960, at Royal East Sussex Hospital, Hastings, Sussex, John Stewart Farnleigh, M.R.C.S., L.R.C.P., of 183 Ashburnham Road, Hastings, aged 87.


Nicol.—On December 8, 1960, at 87 Woodstock Road, Oxford, France, Alexander Nicol, M.B., B.Ch., aged 69.


Smith.—On December 17, 1960, Frederick Gerhard Smyth, M.B., B.Ch., of 28 Roger Street, W., London, S.W. 1, aged 73.


Young.—On December 1, 1960, at Newbury, Berks, Graham Pallister Young, M.B., B.Sc.