

## Medico-Legal

### INSECTICIDE FOR LIQUORICE POWDER

One of the nurses at the Leicester City General Hospital found in the kitchen of her ward an old cocoa-tin, unlabelled, containing some powder. She took it to the sister, and with another nurse they tasted it and decided that it was liquorice powder. At the suggestion of the sister it was labelled "Liquorice Powder" and put in the medicine cupboard. Some time afterward the nurse who found the tin gave eight boys in her ward a dose of the powder, and soon all the eight were sick. The resident medical officer came into the ward and found that three of them had recently vomited and two were actually vomiting. He was told that they had been given liquorice powder, but it did not appear to him that anything serious was wrong with them. He was shown the tin, and after smelling and looking at it he concluded it was liquorice powder. He was told the tin had not contained anything else. He contented himself by telling the sister to keep an eye on them. Next day one of the boys died, and his father claimed damages from the Leicester Corporation, the doctor, the sister, and the nurse.

At the hearing before Mr. Justice Oliver at the beginning of February<sup>1</sup> the city analyst said that the insect powder contained borax and pyrethrum and smelt differently from liquorice powder. Sir Bernard Spilsbury said that the doctor ought to have made close inquiries for a possible common cause of the sickness in food, fluid, or medicines administered recently, and should have regarded the powder with grave suspicion. Simultaneous sickness in a number of persons was one of the clearest indications of poisoning. He should have distinguished the insecticide from liquorice powder by taste, and should have ordered gastric lavage. Borax, he said, is a poison except in very small quantities. One of the reasons why the boy died was that he retained the whole of the poison in his stomach longer than the others. A teaspoonful would certainly make a boy seriously ill and endanger his life. Stimulants might have been given when the boy's heart was found to have been affected.

The doctor said in evidence that he considered the nurse to blame and that he had never suspected poisoning from first to last. He did not agree with Sir Bernard Spilsbury that, eight boys being dosed and all being sick, the presumption of cause and effect was almost a certainty. He had not, however, asked if the boys had been given an emetic. A consulting physician to the hospital said for the defence that liquorice powder was a very distasteful draught to children, and he would expect two boys out of eight to vomit after taking it. When shown the insecticide and liquorice powder together, he himself had chosen the insecticide in mistake for the liquorice. If the boys, he said, had been showing no signs of distress he would merely have asked the ward sister to watch them carefully and report any change. He would have ordered nothing more than an emetic, particularly as the tin was labelled non-poisonous. Borax was not usually considered a poison. Washing-out of the stomach would be dangerous in the circumstances but might have saved the boy; nothing else could have done so.

The learned judge in his judgment said that he had found the smell of the insecticide substantially different from that of the liquorice powder, though their appearance was closely similar. He concluded that Nurse Bradfield and Sister Lewis had been negligent. It was utterly wrong—but of course not intentionally wrong—to label the tin "Liquorice Powder" without having it checked at the dispensary. Once it was labelled and put in the medicine cupboard it was like a loaded bomb which some day would go off and injure someone. He could not help feeling that the doctor, finding that eight boys had been sick after a common dose, ought to have leapt to the conclusion that they had probably been poisoned. He preferred Sir Bernard Spilsbury's evidence to

that of the consultant, who, he said, had gone further in defence of the doctor than the defendant himself had done. He found that the doctor fell short of the standard of care required of him. That did not mean he was not a competent doctor, and his lordship hoped the result would not affect his position. He awarded £450 damages against the doctor and £25 each against the nurses.

Counsel argued, before the judgment, the constantly recurring question whether the corporation could be held liable at law for the negligence of its doctors or nurses. The judge held that it could not. An institution, he said, is not liable for the negligence of either of these classes of workers in their skilled capacity. If a nurse does a purely domestic act and is negligent, the hospital may be liable. A tin of insecticide is a perfectly proper thing to be found in the kitchen of a hospital ward in July. If the finding of the powder in the tin had been the cause of the accident there would have been a case against the corporation. The real cause, however, was that the nurses thought it was liquorice powder. The labelling of the powder as liquorice powder and the mass administration of the purgative were not domestic acts, but acts of the nurses in their professional capacity. The corporation were similarly not liable for the negligence of the doctor.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

The Regius Professor of Physic gives notice that, war conditions permitting, he is prepared to arrange for a course of lectures and instruction in therapeutics, with visits to Addenbrooke's Hospital, to be held concurrently with the course for the examination in pharmacology, in the Long Vacation. This course is confined to students who have passed Part I of the Natural Sciences Tripos or the qualifying examinations in anatomy and physiology, and are proceeding shortly to clinical work or have already started clinical work in London or elsewhere. The names of those students who wish to attend the course should be submitted early in the Easter Term.

### UNIVERSITY OF LONDON

#### *London University Gazette*

It was found necessary on the outbreak of war to suspend publication of the *London University Gazette* for the time being. Publication at the normal intervals will not be resumed at present, but it is hoped that so long as conditions remain substantially unchanged it will be possible to issue three numbers a year, probably about January, May, and August. The price of single copies will be 6d. (post free 8d.) as at present. The annual subscription will be discontinued until further notice.

#### *Evacuation of the University*

As already announced in these columns, the headquarters of the administrative staff of the University are now at Royal Holloway College, Englefield Green, Surrey; other departments of the University have been transferred to various parts of the country, and some have been closed down. The present addresses of the departments, colleges, and schools of the University and of institutions having recognized teachers are given in the *London University Gazette* of February 21 (p. 5).

#### *Appointments*

Dr. Mary S. Jevons has been appointed a governor of the North London Collegiate School, and Sir Holburt Waring a member of the board of management of the London School of Hygiene and Tropical Medicine.

Professor W. E. Le Gros Clark, D.Sc., F.R.C.S., F.R.S., has been permitted, at his own request, to defer making any final decision as to taking up his appointment to the Chair of Anatomy at University College (see *Journal*, May 27, 1939, p. 1117) until the end of the war.

#### *Medical Examinations*

In and after the session 1940-1 and until further notice the M.B., B.S. examination will be held in October and March (or April) instead of November and May. The examination in October, 1940, will begin on Monday, October 14, and the latest date for the receipt of entries is August 31. The date

<sup>1</sup> *Daily Telegraph*, Feb. 1, 2, 3; *Leicester Mercury*, Jan. 31, Feb. 1, 2.

of the examination in March or April, 1941, will be announced later. Entries must be received by February 25.

For the duration of the war whatever exemptions may under present regulations be granted to advanced students on the internal side at the intermediate or first medical examination will be granted also to external students, subject to conditions of which details may be obtained from the External Registrar.

#### *Discontinuance of Awards during the War*

No further University scholarships, studentships, or prizes will be awarded by the University during the war, but grants will be made in aid of research (see p. 20 of the *London University Gazette* of February 21). A list of the scholarships, etc., awarded by other bodies and by the schools and institutions of the University is set out in the *Scholarships Pamphlet*, which may be obtained, post free, on application to the Academic Registrar, 42, Gyles Park, Stanmore, Middlesex. Information in regard to these must be obtained from the relevant body, school, or institution. The present address of the secretary to the London Intercollegiate Scholarships Board is Courleigh, The Clears, Reigate, Surrey.

#### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

**SURGERY.**—H. P. Anderson, G. G. France, D. L. Jones, J. Marks.  
**MEDICINE.**—T. A. H. Adkins, P. S. Clarke, R. G. Feast, P. Haden, C. E. S. Myers, M. F. Smith.

**FORENSIC MEDICINE.**—T. A. H. Adkins, P. S. Clarke, R. G. Feast, P. Haden, C. E. S. Myers, M. F. Smith.

**MIDWIFERY.**—G. G. France, E. A. Griffiths, C. Nunhofer, R. West.

The diploma of the Society has been granted to P. S. Clarke, E. A. Griffiths, J. Marks, and C. E. S. Myers.

## Medical Notes in Parliament

### Treatment at Small Military Hospitals

Sir FRANCIS FREMANTLE asked the Secretary of State for War if he was aware that 127 small military hospitals and reception stations were staffed by voluntary aid detachments with no trained nurses; that these places, intended only for brief detention, were frequently obliged to accommodate cases of pneumonia, cerebrospinal fever, and other serious diseases; and whether he would appoint at least one trained nurse to each such hospital or station. Mr. STANLEY: Certificated nurses are not normally employed in small military hospitals and reception stations, which are not intended for the treatment of serious cases. Such nurses are, however, called in when their services are needed. He added that he would be grateful if Sir Francis Fremantle would send him particulars of any case of cerebrospinal fever being treated at one of these establishments.

Sir FRANCIS FREMANTLE asked if Mr. Stanley was aware that, whereas this was the normal practice as understood, entirely different conditions had prevailed since the war broke out, and the V.A.D.s were absolutely untrained to look after the cases that had had to be accommodated in these 127 hospitals. Dr. SUMMERSKILL asked whether, in view of the alarmingly high proportion of deaths from sickness in the first casualty list, Mr. Stanley would give this his personal attention.

Mr. STANLEY: I am giving it my personal attention, and I hope to make a statement about it on the Army Estimate. I cannot agree, however, that there was an alarmingly high death rate in the first casualties. As I explained in regard to accidents, the death rate per 1,000 was slightly lower than before.

### Cerebrospinal Fever in the Army

Answering Sir Ernest Graham-Little on February 20, Mr. OLIVER STANLEY said 371 cases of cerebrospinal meningitis had occurred in the Army since the outbreak of war. They had been sporadic. All had been isolated and treated in fever hospitals by modern methods. Precautions to prevent the spread of infection had been taken in respect of immediate contacts. Close liaison was maintained with the Ministry of Health and the Medical Research Council.

### Psychoneuroses in the Army

Dr. HOWITT on February 27 asked the Secretary of State for War how many psychological specialists were called up in December, 1939, and how many of them had been engaged in doing psychological work since they had been called up.

Mr. OLIVER STANLEY said that nine officers were commissioned in the Royal Army Medical Corps during December, 1939, for employment in psychiatric work. One was employed in special work, and the remainder were doing general duty until their services were required in a special capacity.

Dr. HOWITT asked if Mr. Stanley would make an inquiry into the whole of this matter to see how essential it was that more specialists in neurosis should be appointed in all parts of the country. In the last war ten out of every 1,000 of the troops abroad and three out of every 1,000 in this country were victims of neurosis. Was it not important that there should be some specialists in this country? Mr. OLIVER STANLEY replied that a large number of specialists in this class of case had been called up, but owing to the fact that fighting had not started the cases were not so numerous as in the last war nor so numerous as we had expected, and many of the specialists had to be employed at the moment in general work.

Mr. BOYCE asked Mr. Stanley to see to it that many of these specialists were not lost in doing general service, as were many distinguished specialists in the last war. Mr. STANLEY said that they were being called up for this special purpose, but, fortunately, owing to there not being any fighting on the Western front, cases of neurosis were few. He thought that the services of the specialists were used for general purposes for that reason.

Dr. HOWITT also asked why cases of psychoneurosis had been evacuated to England and been sent to general hospitals, and if it was Mr. Stanley's intention to follow the recommendations of the 1922 report for the treatment and prevention of such cases. Mr. STANLEY said that it was inevitable that a number of cases of psychoneurosis must be evacuated to England, and the necessity for this was recognized in the report referred to. The recommendations of the report for the treatment and prevention of such cases were being followed in the present organization, which provided for psychiatric centres, and for convalescent depots over-seas. At these centres patients were under the care of experts in nervous disorders.

### Medical Care of Soldiers on Leave

On February 27 Mr. OLIVER STANLEY told Mr. Groves that medical officers visited outlying detachments for the purpose of attending men reporting sick or of supervising other matters relating to the health of the troops, and in certain cases they were provided with a motor car and driver. In an urgent case a civilian medical practitioner might be called in. Medicines ordered by the medical officer were provided from Army sources. On February 27 Mr. GROVES asked the Secretary of State for War whether soldiers who chanced to be injured or attacked by sudden illness while on leave were required to get into touch with any military hospital within two miles of their place of residence, and might not obtain the services of a neighbouring civilian practitioner except at their own expense; and whether he would consider the difficulty of discovering and making contact with the smaller military hospitals in cases of acute illness with a view to remedy the hardship inflicted on soldiers by this condition. Mr. STANLEY said that the general rule was as stated, but where it was clear that it was impracticable for the soldier to avail himself of official medical facilities the cost of the services of a civilian medical practitioner would be met from Army funds.

### Medical Boards

Mr. ERNEST BROWN, replying to Mr. Groves on February 27, said that the number of medical boards set up under the Military Training Act and the National Service (Armed Forces) Act was 163. The total number of medical practitioners at present serving, either as chairmen or as members

of the panels of medical boards, was 2,790. The total amount of fees paid to such medical practitioners up to January 31, 1940, was about £260,600. Voluntary recruits were also examined by these boards, and the fees paid in respect of such recruits were included in this total.

#### Civilian Doctors employed by the Army

On February 27 Mr. GROVES asked the Secretary of State for War whether he was aware of the dissatisfaction which existed among civilian medical practitioners engaged by his Department. Mr. OLIVER STANLEY said that there was some misunderstanding of the conditions, which had now, he hoped, been removed. The distinction drawn between full-time and whole-time duties was that in the former case the civilian medical practitioner was responsible for the full duties which would be carried out, for example, in a military hospital by an R.A.M.C. officer if one was available, and was therefore left with no time available for private practice. In the latter case, although the practitioner was liable to be called out at any time, and his actual duties occupied, on the average, several hours a day, they did not take up all his time, and he had, in fact, opportunities for private practice. There were fixed rates for full-time and whole-time duties as follows: full-time, 30s. 6d. a day (33s. 6d. a day where there was no service medical officer at the station), and whole-time, 25s. a day.

#### Medical Boards and Neuroses

Mr. ERNEST BROWN told Admiral Beamish on February 29 that instructions issued to medical boards with regard to the estimation of a man's nervous stability provided for inquiry to be made into the man's personal and family history of nervous or mental illness. He had no information to suggest that these instructions were not being carried out. Lord Horder had visited a number of the medical boards to satisfy himself that the examination was of such a nature as to prevent potential shell-shock cases from being passed fit for service. Lord Horder expressed himself entirely satisfied.

Admiral BEAMISH further asked Sir Walter Womersley what steps had been taken to give the widest publicity to the report of the conference under Lord Horder.

Sir WALTER replied that it had been arranged to place on sale at the price of 2d. the pamphlet on *Neuroses in Wartime* which was the main product of the conference. The substance of this pamphlet was printed in the *British Medical Journal* of December 16 last. Copies had been furnished to the three Services for issue to all their medical officers and to all Government Departments concerned.

On February 27 Dr. SUMMERSKILL asked the Minister of Labour if every medical board concerned with examining recruits included a doctor with special experience of psychological medicine. Mr. ERNEST BROWN replied in the negative. He added that it would be impracticable to include a doctor with such experience on every medical board. The instructions issued to medical boards with regard to the estimation of a man's nervous stability provided that in cases of doubt a specialist's opinion should be obtained.

#### Tuberculosis and Malnutrition in Durham County

Replying to Mr. David Adamson on February 29, Dr. ELLIOT said that at the end of last year there were in the geographical county of Durham 948 beds provided by councils for the treatment of tuberculosis. Patients being maintained by those authorities in tuberculosis institutions numbered 793. There was a waiting list of twelve persons. For England and Wales as a whole the corresponding figures were 26,433, 20,952, and 1,072 respectively. A new sanatorium being constructed by the Poole Joint Sanatorium Board at Middlesbrough would add 315 beds to the accommodation available for the area. Continuation of this building scheme was approved by the Ministry of Health in September, and the sanatorium was expected to be completed within twelve months.

Replying on February 29 to Mr. Shinwell, Mr. KENNETH LINDSAY said a considerable proportion of the children attending public elementary schools in the county of Durham

showed some signs of malnutrition. Although free milk had been provided on a liberal scale by the local education authority this was not in all cases sufficient to restore the nutrition of the children to normal. The Board of Education welcomed the decision of the Durham county authority to provide free dinners for more serious cases of malnutrition. In addition to the feeding centre at Bishop Auckland, four other centres had been opened. Additional centres would be provided at an early date.

#### Incidence of Influenza and Bronchitis

In reply to Sir Robert Young, who drew attention on February 29 to the large increase in the number of persons incapacitated by influenza and bronchitis, Dr. ELLIOT said the figures relating to the increase of influenza and bronchitis were comparable to those of other recent years in which influenza was prevalent, notably 1933 and 1937. Insured persons were entitled to receive medical attention from their panel doctors in accordance with the Medical Benefit Regulations. The pressure on medical practitioners was heavy, but insured persons were receiving due attention. He had recently issued to local authorities a revised memorandum on influenza, which contained advice on measures of personal protection.

Replying to Sir Francis Fremantle, Dr. ELLIOT said that, broadly speaking, disinfectants were of little use and fresh air was everything. Sir Robert Young suggested that black-out conditions during the daytime in factories and workshops were a contributory cause of these epidemics. Dr. Elliot pointed out that the figures were similar in 1933 and 1937, when there was no black-out.

#### Insurance Capitation Fee

Mr. GROVES asked the Minister of Health on March 4 whether, having regard to the increased cost of living, including the additional expenses in relation to motor cars and the danger to which medical practitioners were necessarily exposed in the course of their professional work during the black-out, consideration was being given to increasing the capitation fee or to granting a war bonus on a capitation basis to insurance practitioners. Dr. ELLIOT said that he was not proposing at present to make any alteration in the rate of capitation fee payable to insurance practitioners.

*Osteopathic Treatment and the War.*—On February 27 Mr. RHYS DAVIES asked the Secretary of State for War whether the General Council and Register of Osteopaths had offered their services to his Department, and whether men serving with the Army would be entitled to the advantages of osteopathic treatment during the emergency. Mr. OLIVER STANLEY replied that an offer of services was received last November from the General Council and Register of Osteopaths, and they were informed that the offer was appreciated, and that if those osteopaths who hold a legal qualification to practise medicine in this country would register for military service with the Central Emergency Committee of the British Medical Association they would be considered for commissions in the R.A.M.C., where they would have opportunities of exercising their special skill.

## The Services

#### HONORARY PHYSICIAN TO THE KING

Colonel A. C. Munro, I.M.S., has been appointed Honorary Physician to the King, vice Colonel D. C. V. FitzGerald, M.C., I.M.S., who has retired.

#### DEATHS IN THE SERVICES

Surgeon Rear-Admiral MONTAGUE LOUIS BOUCHIER RODD, O.B.E., R.N. (ret.), died at Folkestone on February 29, aged 73. He was educated at the Middlesex Hospital and took the M.R.C.S., L.R.C.P. in 1891. Entering the Royal Navy soon afterwards, he became surgeon captain on July 2, 1920, and retired with an honorary step in rank on February 1, 1923. He served in the war of 1914-18, receiving the medals, and was afterwards created an O.B.E. He had been a member of the British Medical Association for sixteen years.