

Secretary, replied that there had been comprehensive bacteriological tests of the milk powder which caused the recent outbreaks, and the conditions and production at the particular factory had been thoroughly investigated. As a result a code of practice for the manufacture of dried milk was being prepared, and this would be issued to all manufacturers soon.

In the House of Lords on January 26, LORD AMULREE introduced the Abortion Bill, and it was read a first time.

Medico-Legal

DOCTOR A "PUBLIC AUTHORITY"

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

Although there is no time limit for the institution of criminal proceedings, civil actions of all kinds have to be brought within certain fixed time limits, which vary with the type of action. This is plainly necessary so that there is some end to disputes and so that they can be decided before the evidence on which alone they can be decided has vanished. "Interest rei publicae ut fit finis litium." The periods of limitation are now set out in the Limitation Act, 1939, except in the case of actions against some of the public corporations which run the nationalized industries, for which special periods of limitation are provided in their own nationalizing statutes; and there exist certain other special periods. For ordinary actions for damages for breach of contract or for torts, the period is six years. But when the action is brought against a public authority the period within which it must be brought is one year only. "Public authority" is not defined in the 1939 Act, but bears the same meaning as it did under the Public Authorities Protection Act, 1893, which provided a limitation period of six months. Any person who is sued for any act done or for any neglect or default in doing an act, "in pursuance or execution or intended execution of any Act of Parliament, or of any public duty or authority," is a public authority within the meaning of the statute. Nice questions can arise whether or not a particular person or body falls within this definition on any given occasion.

On January 29 Mr. Justice Pilcher,¹ in the Queen's Bench Division of the High Court, decided that a doctor, who as part-time specialist in charge of the physical medicine department of a hospital was acting in the execution or intended execution of a duty imposed by the National Health Service Act, 1946, was a "public authority." Accordingly he dismissed an action for negligence brought against the doctor by a patient because the writ had been issued more than a year after the cause of action—that is, the alleged negligence of the doctor and the damage resulting from it—had first arisen. A private Member's Bill seeking to make all periods of limitation three years was recently introduced into the House of Commons with the support of the Government.

¹ *The Times*, January 30.

The Services

The *London Gazette* has announced the following awards:
Bar to Air Force Cross.—Wing Commander H. H. S. Brown, A.F.C., R.A.F.

Air Force Cross.—Group Captain D. A. Wilson and Wing Commander G. H. Dhenin, G.M., R.A.F. Surgeon Lieutenant-Commander W. H. B. Ellis, R.N.

Surgeon Rear Admiral R. C. May, O.B.E., M.C., R.N., has been appointed Honorary Surgeon to the Queen in succession to Surgeon Rear Admiral T. Madill, C.B., O.B.E., R.N.

The announcements in the *London Gazette* dated October 30, 1953, and in the *Journal* of November 28, 1953 (p. 1227), concerning the award by the President of the U.S.A. of the decoration of Legion of Merit, Degree of Legionnaire, to Colonel G. Anderton, O.B.E., late R.A.M.C. (now R.A.R.O.), in recognition of gallant and distinguished services during the operations by the United Nations in Korea, should have read Legion of Merit, Degree of Officer.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending January 16 (No. 2) and corresponding week 1953.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 160 great towns in 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 in Countries and London | 1954 | | | | | 1953 | | | | |
|--|-------------|--------|------|--------|------|-------------|--------|-------|--------|------|
| | Eng & Wales | London | Scot | N. Ire | Eire | Eng & Wales | London | Scot | N. Ire | Eire |
| Diphtheria | 21 | 1 | 6 | 0 | 2 | 12 | 1 | 9 | 0 | 2 |
| Dysentery | 378 | 81 | 147 | 33 | 6 | 312 | 19 | 96 | | 3 |
| Encephalitis, acute | 3 | 1 | 0 | 0 | | 8 | 1 | 0 | 0 | |
| Enteric fever: | | | | | | | | | | |
| Typhoid | 4 | 0 | 1 | 1 | | 1 | 0 | 0 | 0 | 1 |
| Paratyphoid .. | 4 | 1 | 0 | 0 | | 8 | 1 | 1 (B) | 0 | 0 |
| Food-poisoning .. | 110 | 12 | | 1 | | 46 | 0 | | 3 | |
| Infective enteritis or diarrhoea under 2 years | | | | 7 | 10 | | | | 11 | 16 |
| Measles* | 1,150 | 18 | 29 | 14 | 160 | 21,383 | 1,777 | 319 | 46 | 114 |
| Meningococcal infection | 36 | 6 | 13 | 4 | | 45 | 5 | 30 | | 2 |
| Ophthalmia neonatorum | 26 | 1 | 3 | 0 | | 40 | 2 | 15 | 1 | |
| Pneumonia† | 963 | 58 | 329 | 14 | 3 | 1,204 | 66 | 333 | 32 | |
| Poliomyelitis, acute: | | | | | | | | | | |
| Paralytic | 27 | 1 | | 4 | 4 | 25 | 0 | | 3 | 1 |
| Non-paralytic .. | 13 | 0 | | | | 6 | 0 | | | 5 |
| Puerperal fever§ .. | 250 | 28 | 11 | 1 | 1 | 212 | 24 | 15 | 3 | 1 |
| Scarlet fever | 915 | 36 | 207 | 44 | 37 | 1,589 | 65 | 332 | 44 | 55 |
| Tuberculosis: | | | | | | | | | | |
| Respiratory | 744 | 90 | 144 | 30 | | | | 128 | 26 | |
| Non-respiratory .. | 113 | 7 | 20 | 4 | | | | 30 | 6 | |
| Whooping-cough .. | 2,366 | 97 | 419 | 75 | 93 | 2,160 | 99 | 192 | 53 | 80 |

| DEATHS in Great Towns | 1954 | | | | | 1953 | | | | |
|--|-------------|--------|------|--------|------|-------------|--------|------|--------|------|
| | Eng & Wales | London | Scot | N. Ire | Eire | Eng & Wales | London | Scot | N. Ire | Eire |
| Diphtheria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dysentery | 0 | 0 | | 0 | | 0 | 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 | 10 | 1 | 4 | 2 | 1 | 13 | 3 | 2 | 0 | 1 |
| Influenza | 42 | 4 | 1 | 1 | 0 | 72 | 14 | 2 | 1 | 0 |
| Measles | | 0 | 0 | 0 | 1 | | 0 | 0 | 0 | 0 |
| Meningococcal infection | | 1 | 1 | | | | 1 | 1 | | |
| Pneumonia | 432 | 51 | 30 | 14 | 9 | 491 | 87 | 36 | 14 | 11 |
| Poliomyelitis, acute | 6 | 0 | | | 0 | 2 | 0 | | | 0 |
| Scarlet fever | | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |
| Tuberculosis: | | | | | | | | | | |
| Respiratory | 139 | 15 | 23 | 4 | 10 | 182 | 32 | 17 | 4 | 12 |
| Non-respiratory .. | | 2 | 3 | 0 | 1 | | 1 | 3 | 0 | 0 |
| Whooping-cough .. | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Deaths 0-1 year .. | 272 | 33 | 27 | 10 | 23 | 293 | 34 | 41 | 9 | 14 |
| Deaths (excluding stillbirths) .. | 7,079 | 953 | 754 | 133 | 221 | 7,697 | 1,300 | 773 | 149 | 207 |
| LIVE BIRTHS | 7,696 | 1,146 | 879 | 231 | 392 | 7,548 | 1,113 | 965 | 264 | 419 |
| STILLBIRTHS | 218 | 24 | 38 | | | 180 | 24 | 25 | | |

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

† Includes primary and influenza pneumonia.

§ Includes puerperal pyrexia.

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.

Accidental Extra-venous Thiopentone

Q.—*What treatment is advised if thiopentone escapes outside a vein during an intravenous injection?*

A.—The treatment of accidental extra-venous injection of thiopentone is by no means decided. Injection into perivenous tissue is usually small in amount and generally requires little or no treatment. If there is much pain the application of heat gives some relief. An immediate infiltration of the area with a solution of 1% procaine with hyaluronidase might prevent tissue damage. In the case of inadvertent arterial injections, characterized by immediate severe pain in the hand and by the obvious flushing or blanching of the hand and forearm, an immediate intra-arterial injection, through the same needle, if possible, of, say, 10 ml. of 1% procaine is advocated, followed by a block of the stellate ganglion or brachial plexus on that side. In addition to this, the intra-arterial injection at the site of the original one of arterial dilators like papaverine and tolazoline is advised. Some have gone further and insist that heparinization of the patient should be started immediately, the operation postponed, and heparinization maintained for some days to avoid intra-arterial thrombosis. The limb should be carefully watched for the ensuing 24 hours, and any evidence of circulatory impairment or nerve involvement demands immediate consultation with surgical colleagues as to the advisability of exploring the brachial artery and the antecubital fossa. Prophylaxis against extra-venous injections, and particularly of the dire consequences of intra-arterial injection, lies in the use of dilute solutions of thiopentone—certainly never stronger than 5%—and in the use of veins other than those which overlie the bend of the elbow. Good veins are usually found near the radial side of the wrist, on the back of the hand, and on the outer side of the biceps muscle and tendon.

Exercises for Hernia

Q.—*A lay practitioner claims to be able to cure hernia by abdominal exercises. Has such a claim ever been submitted to controlled investigations, and if so what was the result?*

A.—Such a claim has not, so far as the writer knows, ever been submitted to controlled investigation. Bulging of the abdominal wall due to lax muscles can clearly be "cured" by exercises. Certain types of direct herniae, especially that variety sometimes spoken of as Malgaigne's bulgings, will respond to rehabilitation of this kind. An indirect hernia, unless very small, is unlikely to disappear with abdominal exercises alone; and, even if the swelling did go, the sac would still be present with the likelihood of later recurrence. It must be conceded, however, that the wearing of a truss by a young person with a small, narrow sac and a good internal ring, combined with the maintenance of good abdominal muscle tone, can result in apparent cure. The best-authenticated example of this is in the case of Sir Astley Cooper's inguinal hernia. This was first noticed in his late teens, and he wore a truss for about five years night and day. No further swelling was seen after this, and when Sir Astley died at the age of 72 a detailed post-mortem examination was conducted at Guy's Hospital by John Hilton. It is notable that a minute serous canal was found on the affected side. Umbilical, femoral, and incisional herniae will not be cured by abdominal exercises alone, but all sufferers from hernia benefit from maintaining the abdominal muscles in good condition.

LONDON UNIVERSITY.—(1) At Physiology Theatre, University College, 5.30 p.m., special university lecture in biochemistry by Professor C. Fromageot (Paris): Metabolism of Sulphur Amino Acids and the Cycle of Sulphur in Nature. (2) At Senate House, 5.30 p.m., special university lecture by Air Marshal Sir Harold Whittingham: Air Transport of Sick and Wounded.

NUFFIELD ORTHOPAEDIC CENTRE.—At Wingfield-Morris Orthopaedic Hospital, Headington, Oxford, 8.30 p.m., Dr. J. F. Brailsford: Manifestations and Complications of Paget's Disease.

OXFORD UNIVERSITY.—At Southfield School, Glanville Road, Cowley Road, Oxford, 8 p.m., Dr. A. G. M. Weddell: Science and Medicine.

ROYAL ARMY MEDICAL COLLEGE.—5 p.m., Sir Harold P. Himsforth: Current Problems in Medical Research.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m., Milroy Lecture by Dr. D. Long: Pathogenesis of Rheumatic Fever.

ST. ANDREWS UNIVERSITY.—At Physiology Department, Dundee, 5 p.m., Professor Alan Moncrieff: Marasmus.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—5 p.m., neurology demonstration by Dr. J. H. Paterson.

Friday, February 12

INSTITUTE OF DERMATOLOGY.—5.30 p.m., clinical demonstration by Dr. H. W. Barber.

LONDON UNIVERSITY.—At University College Hospital Medical School, 5 p.m., special university lecture in medicine by Professor A. M. Clave: Pain in Labour and its Relief.

POSTGRADUATE MEDICAL SCHOOL OF LONDON.—2 p.m., Mr. D. Innes Williams: The Bladder in Congenital Spinal Cord Lesions.

ROYAL INSTITUTION.—9 p.m., Dr. C. Keith Simpson: Science in Crime Detection.

ROYAL MEDICAL SOCIETY, Edinburgh.—8 p.m., Professor R. A. Willis: Developmental Vestiges and their Pathology.

Saturday, February 13

ASSOCIATION OF CLINICAL BIOCHEMISTS (S.E. and S.W. REGION) and ROYAL INSTITUTE OF CHEMISTRY (LONDON SECTION).—At Department of Zoology, the University Reading, 2.30 p.m., physical methods in biochemistry. Papers and demonstrations.

SOUTH-EAST METROPOLITAN REGIONAL TUBERCULOSIS SOCIETY.—At London School of Hygiene and Tropical Medicine, 10.30 for 11 a.m., discussion between Mr. T. Holmes Sellers, Mr. F. Ronald Edwards, and Dr. J. G. Scadding: Place of Resection in the Treatment of Pulmonary Tuberculosis.

APPOINTMENTS

LIVERPOOL REGIONAL HOSPITAL BOARD.—B. M. Sedzimir, M.D., F.R.C.S. Ed., Consultant Neurosurgeon; N. O'Beirn, M.B., B.Ch., T.D.D., Assistant Chest Physician to St. Helen's area; G. V. Osborne, M.Ch.Orth., F.R.C.S. Ed., Part-time Consultant Orthopaedic Surgeon to Southport Promenade Hospital; G. L. Shatwell, M.Ch.Orth., F.R.C.S., Part-time Consultant Orthopaedic Surgeon to Ormskirk County Hospital and Rainhill Hospital.

MACARTHUR, PATRICK, M.D., F.R.F.P.S., D.C.H., Consultant Paediatrician to Scottish Northern Regional Hospital Board.

MANCHESTER REGIONAL HOSPITAL BOARD.—C. A. Borland, M.B., Ch.B., F.F.A.R.C.S., Consultant Anaesthetist, Lancaster and Kendal Hospitals; P. B. Kunkler, M.D., M.R.C.P., D.M.R.T., and Dorothy Pearson, M.B., Ch.B., D.M.R.T., Assistant Radiotherapists, Christie Hospital and Holt Radium Institute; A. Clark, M.B., Ch.B., D.P.M., Assistant Psychiatrist, Whittingham Hospital; L. Parker, B.M., B.Ch., Consultant Pathologist, North Manchester Hospitals Group Laboratory; R. S. Savidge, M.D., M.R.C.P., Consultant Physician, Bury and Rossendale Hospitals; S. M. Laird, M.D., F.R.F.P.S., D.P.H., Consultant Venereologist and Director of St. Luke's Clinic, Manchester, and the Venereal Diseases Clinics of Manchester Royal Infirmary, etc.; S. Falk, M.D., D.P.M., Consultant Psychiatrist to Bury and Rochdale Hospital Centres; G. M. Colson, B.M., B.Ch., M.R.C.P., Consultant Physician, Bolton and District Hospital Centre; S. G. McComb, M.D., M.R.C.P.I., Consultant Physician (Geriatrics), Bolton and District Hospitals; K. A. Rowley, M.B., Ch.B., F.F.R., D.M.R.D., Consultant Radiologist-in-charge, Blackpool and Fylde Hospitals.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Burn.—On January 1, 1954, at Guy's Hospital, London, S.E., to Peggy (formerly Bird), wife of Robert Burn, F.R.C.S., a son—Richard William.

Martin.—On January 20, 1954, at Bentley, Hants, to Audrey (formerly Dealler), M.B., B.S. D.A., wife of Peter Martin, a brother for Gillian, Nicholas, and Robert.

Sudbury.—On January 31, 1954, at Swindon Maternity Hospital, Wilts, to Mary, wife of Squadron-Leader J. R. Sudbury, B.M., M.R.C.P., D.R.C.O.G., R.A.F., a son.

DEATHS

Elliott.—On January 6, 1954, in hospital, James May Elliott, M.B., B.Ch., Colonel, R.A.M.C., retired, of Highclere, Hutton Mount, Brentwood, Essex.

Elwin.—On January 8, 1954, at Ashted, Surrey, George Richard Elwin, M.D.

Fraser.—On January 5, 1954, at the Royal Infirmary, Edinburgh, Thomas Lochhead Fraser, O.B.E., M.B., Ch.B., Colonel, late R.A.M.C., retired, of Elie, Fife.

Fuller.—On January 6, 1954, at his home, Kensington, London, W., Francis Frederick Fuller, M.B., Ch.B., formerly of Harley Street, London, W.

Hacker.—On January 4, 1954, at 28, Torrington Square, London, W.C., Henry Pollard Hacker, M.D., D.Sc., D.T.M.&H.

Hale.—On January 9, 1954, at Midhurst, Sussex, Robert Eugene Vaughan Hale, M.B., B.Ch., late of Harpenden, Herts.

Jameson.—On January 3, 1954, at St. Leonards-on-Sea, Sussex, William Ernest Jameson, M.B., Ch.B., J.P.

Mackenzie.—On January 5, 1954, at 22, Queen's Gate, Glasgow, Alister Thomas Mackenzie, M.D., D.P.H.

Sutherland.—On January 9, 1954, at Edinburgh, Donald Sage Sutherland, T.D., M.D., of 2, Craiglockhart Terrace, Edinburgh, late of Manchester.

Thompson.—On January 6, 1954, at Christchurch Hospital, Bournemouth, Arthur Thompson, M.R.C.S., L.R.C.P., of 997, Christchurch Road, Bournemouth, Hants, late of East Drive, Brighton, Sussex, aged 81.

Tomlinson.—On January 3, 1954, the result of a road accident, Dorothy Sylvia Tomlinson, M.B., B.S., of 20, Eastwood Gardens, Newcastle-upon-Tyne, aged 25.