

# BRITISH MEDICAL JOURNAL

SATURDAY 5 DECEMBER 1981

## LEADING ARTICLES

Reform of mental health legislation	JOHN GUNN	1487
Milwaukee shoulder	P A DIEPPE	1488
Social drinking and drugs	M L'E ORME	1489
Patent ductus arteriosus in premature babies		
MALCOLM L CHISWICK		1490

Removal of lymphocytes in rheumatoid arthritis		
A M DENMAN		1492
Histopathology reporting in large-bowel cancer		
B C MORSON		1493
Safe dental anaesthesia	BRIAN LEWIS	1494

## CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Postexposure immunoprophylaxis against B virus (Herpesvirus simiae)	E A BOULTER, H T ZWARTOUW, B THORNTON	1495
Smoking and drinking by middle-aged British men: effects of social class and town of residence		
RICHARD O CUMMINS, A G SHAPER, MARY WALKER, C J WALE		1497
Colonisation of babies and their families by group B streptococci	A M WEINDLING, J M HAWKINS, M A COOMBES, J STRINGER	1503
Continuous positive airway pressure in bronchiolitis	JENNIFER M BEASLEY, SUSAN E F JONES	1506
Death due to overdose of nefopam	D M PIERCY, J A CUMMING, SHEILA DAWLING, J A HENRY	1508
Re-emergence of bullous impetigo	T J LISSAUER, P J SANDERSON, H B VALMAN	1509
Pseudomembranous colitis in a 5-week-old infant	S A RICHARDSON, D S K BROOKFIELD, T A FRENCH, J GRAY	1510
Managing Chronic Disease: Diagnosing arthritis	RAY MILLION, TERENCE REILLY	1511
A general practice expands	P G KAY	1514
George Stebbing: 1749-1825	DAVID VAN ZWANENBERG	1517

## MEDICAL PRACTICE

Survey of sickle-cell disease in England and Wales	L R DAVIS, E R HUEHNS, J M WHITE	1519	
CRC Clinical Trials Centre: guidelines for those wishing to apply for use of facilities	SCIENTIFIC ADVISORY COMMITTEE	1522	
For Debate:			
Is bran useful in diverticular disease?	K W HEATON	1523	
Doubts about diverticular disease	E R LITTLEWOOD, M H ORNSTEN, I MCLEAN BAIRD, A G COX	1524	
Lesson of the Week: Acetazolamide and symptomatic metabolic acidosis in mild renal failure	D N MAISEY, R D BROWN	1527	
Dental anaesthesia: two working parties		1529	
ABC of Alcohol: Tools of detection	K O LEWIS, A PATON	1531	
Any Questions?		1521, 1522, 1528	
Materia Non Medica—Contributions from BARBARA PHILLIPS, ROBERT CUTLER		1526	
Medicine and Books		1533	
Personal View	DOUGLAS MODEL	1538	
Corrections: Lithium treatment	SCHOU; ABC of Alcohol	SAUNDERS, PATON	1528

CORRESPONDENCE—List of Contents	1542
---------------------------------	------

OBITUARY	1539
----------	------

## NEWS AND NOTES

Views	1552
Parliament	1553
Medical News	1553
BMA Notices	1554

## SUPPLEMENT

<b>The Week</b> .....	1555
<b>Unemployment and health</b> WILLIAM RUSSELL .....	1556
<b>From the GMSC: Primary health care team</b> .....	1557
<b>Effects of UGC cuts in Scotland</b> .....	1558
<b>NHS training authority proposed</b> .....	1558
<b>Hospital pharmacists and reorganisation</b> .....	1558

# CORRESPONDENCE

<b>The secret technical defence: a case for changing the law</b> A Usher, FRCPATH.....	1542	<b>Dental health in patients susceptible to infective endocarditis</b> H A Fleming, FRCP, and S W B Newsom, FRCPATH.....	1546	<b>Slow-release morphine</b> I M C Clarke, FFARCS.....	1549
<b>Paediatricians and the law</b> R C M Cook, FRCS, and others.....	1543	<b>Gonorrhoea presenting as "sterile" pyuria</b> Mina Clarke, AIMS, and Rosalind M Maskell, BM.....	1546	<b>Transdermal drug administration—a nuisance becomes an opportunity</b> B Cheadle, MB, and others.....	1549
<b>Antismokers under attack</b> A W Fowler, FRCS.....	1543	<b>Aspiration around high-volume, low-pressure endotracheal cuff</b> P J Sanderson, MRCPATH.....	1546	<b>Vasospastic disease, cold stress test, and prostaglandin E<sub>1</sub></b> M Valerie Kyle, MRCP, and others.....	1549
<b>Citizens' Band keratopathy</b> G T Millar, FRCSED.....	1543	<b>A further hazard of ventilation</b> D K Jones, MRCP, and A R Luksza, MRCP	1547	<b>Haematology in developing countries</b> J M Gurney, and others.....	1549
<b>Women in general practice</b> Freda Freedman, MB; K C Harvey, MRCGP	1543	<b>Megadose vitamin C and metabolic effects of the pill</b> M H Briggs, DSC.....	1547	<b>General practitioner in the factory</b> E S Hodgson, MRCGP; C L Bound, OHNC, and S J Jachuck, MRCGP.....	1550
<b>Treatment of erythema multiforme secondary to herpes simplex by prophylactic topical acyclovir</b> B E Juel-Jensen, FRCP.....	1544	<b>Effect of supplementary food on suckling patterns and ovarian activity during lactation</b> R H Gray, MD.....	1547	<b>Consultants and their future</b> P L Mulrooney, FFARCS; J A T Duncan, FFARCS.....	1550
<b>Acute viral encephalitis</b> P E Klapper, BSC, and M Longson, MD..	1544	<b>Therapeutic embolisation</b> D C Cumberland, FRCR.....	1547	<b>Part-time medical training—and afterwards</b> T B Boulton, FFARCS.....	1551
<b>Acute ileitis</b> P F Schofield, FRCS, and B K Mandal, FRCP	1545	<b>Azathioprine-induced shock</b> A I. Pozniak, MB, and others.....	1548	<b>Changes in DCH examination</b> J Marjorie Semmens, MD.....	1551
<b>Primary health care in residential homes for the elderly</b> G Masterton, MRCPsych.....	1545	<b>Do drug dependence clinics work?</b> Ann G Dally, MB; T E Webb, MB.....	1548	<b>RHA expenditure</b> J G B Russell, FRCR.....	1551
<b>Acute appendicitis in nine British towns</b> C A Hicks, BA.....	1545	<b>Tricyclic antidepressant poisoning and prolonged external cardiac massage during asystole</b> S A Olczak, MRCP; D A Orr, MB, and M G Bramble, MRCP.....	1548	<b>Squash ball to eye ball</b> R M Moffitt, MRCP; F M Owers, MB; D Rowley Jones, MRCP.....	1551
<b>Amoebic liver abscess</b> R G Finch, MRCPATH, and others.....	1545			<b>Correction: Medicine and the bomb (Ross).....</b>	1551
<b>Hepatitis in pregnancy</b> C Mallia, MD.....	1546				

*We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.*

## The secret technical defence: a case for changing the law

SIR,—Since I am mentioned by name in your account of the case of Dr Leonard Arthur (14 November, p 1340), perhaps I might be permitted to comment on some aspects of this matter.

The Crown's opening assertion was that there was no need for any drug to have been given to infant Pearson *in order to treat his mongolism*. Clearly, when later he developed pneumonia he, like any other infant, required antibiotic treatment if he was to survive. The Crown's case was that failure to provide such antibiotic treatment showed the accused's intention that the child should not survive.

The pathological aspect of the case is particularly interesting. In fact, following the long-established practice in paediatric forensic cases in Sheffield, I had looked at more than 30 slides from all of this child's major organs with a specialist paediatric pathologist before writing my report. We had agreed that, apart from pneumonia due to lung stasis—exactly what one would expect in poisoning by a respiratory depressant drug such as dihydrocodeine—no other abnormality was present in these sections. It later transpired that the same specialist paediatric pathologist was retained to advise the defence and changed his opinion materially on the histology as the result of studying further material, stained by a variety of sophisticated methods. These new slides were made privately and never shown to me and the defence pathologist's change of opinion was deliberately kept

secret (he was actually expressly forbidden to speak to me about the matter) until I was in the witness box and giving my evidence. I was then permitted a short time during the luncheon interval to study this new histological material before being cross-examined on it. The new "defects" consisted of small areas of calcification and fatty change in the brain and minimal endocardial thickening, etc, all of which can be seen to a greater or lesser extent in a high proportion of infant post-mortem histology. I had to concede that they were present and much was made of this by defence counsel; but whether they really played any significant part in the fate of this neonate kept without nourishment or antibiotics and given dihydrocodeine in doses which produced a blood level of that drug *slightly more than twice the average fatal level for adults* is entirely a matter of opinion. My own opinion is that they did not—others may disagree.

Dr Arthur's defence was brilliantly conducted, and I join in the general rejoicing that this skilled and caring physician was acquitted; but the case highlights the basic differences between the legal and the medical approach. The doctor is concerned to arrive at the truth, the lawyer to present the best possible case for his client. Had the paediatric pathologist, as I am sure he would have wished, been permitted to acquaint me with the new evidence before the trial, it would have been possible not only for me to reassess

it at my leisure, but also for the Crown to obtain the additional opinion of a specialist paediatric pathologist—which I freely admit that I am not. His opinion might have been in agreement with the defence contentions, *in which case Dr Arthur might never have been brought to trial*. Alternatively, it might not, in which case the Crown's hand would have been materially strengthened. It was clearly this latter risk that those conducting the defence decided not to take—hence the secret histological evidence sprung at a time when it was far too late for any third opinion to be obtained.

Those who trust in secrecy, it seems to me, have little faith in the justice of their cause. Doctors are not accustomed to being less than frank with their colleagues. Lawyers sometimes complain that medical men are reluctant to become involved in legal work. Is this surprising if they are required to take part in distasteful legal manoeuvres of this sort? The sole effect of the secret technical defence, like the former alibi defence, is to foil proper investigation by late declaration. The law should be changed, as it was in the case of alibi, to make all such defences declarable before trial.

ALAN USHER  
Consultant pathologist to the Home Office

University Department of  
Forensic Pathology,  
Medicolegal Centre,  
Sheffield S3 7ET