CLAYDEN V. WOOD-HILL.

SIR,—The facts of the case of Clayden v. Wood-Hill, recently decided at the Suffolk Assizes, a report of which appeared in your issue of November 26th, when a verdict of £750 damages was given against a medical man for alleged negligence in the treatment of a fractured femur, should be studied by all medical practitioners.

The plaintiff was thrown out of a trap and sustained a fracture of the upper third of the right femur. Two days later she was moved to the Beccles Cottage Hospital, in Suffolk, where Dr. Wood-Hill of Beccles attended her. The fragments united, and in eight weeks she returned home to Hertfordshire, with strict instructions from Dr. Wood-Hill that no weight was to be borne by the limb without the permission of her family doctor. A week later, when standing in her room at home, she felt the limb give way and she fell on to a sofa.

Abundant evidence was produced at the trial that as regards splinting, extension, and position of the limb, the fracture was treated in accordance with modern methods while the plaintiff was an inmate of the Beccles Cottage Hospital.

The verdict of the jury largely turned on the question as to whether, at the second accident nine weeks after the first, a giving way of the previously united fragments took place. By very adroitly drawing from one item in the medical evidence bearing on this question an inference which, from a medical point of view, was entirely unjustifiable, counsel for the plaintiff induced the jury to bring in a verdict for the plaintiff with damages as stated.

Many of those who watched the case throughout its course are convinced that a grave miscarriage of justice has taken place, and for this reason a fund has been started to reimburse Dr. Wood-Hill in the very heavy expenses incurred by him, which, we are informed, will amount, with costs, to about £1,600. Naturally the question of appeal has been very carefully considered, and Dr. Wood-Hill has been advised against this course by both his counsel and his solicitor.

It is true that at the time of the trial Dr. Wood-Hill was not a member of one of the medical defence societies, but this, although showing a lack of foresight on his part, is no reason for refusing to help him in this emergency. The fund will also serve as a token of the respect and esteem in which Dr. Wood-Hill is held in Beccles and the neighbourhood.

The following subscriptions have already been promised:

	£	s.	d.
Mr. Hugh P. Helsham, Beccles	...	26	5 0
Mr. John H. Alden, Beccles...	...	20	0 0
Mr. Christopher T. Helsham, Beccles	...	10	10 0
Sir Robert Jones, Liverpool ...	...	10	10 0
Mr. George E. Gask, London	...	10	10 0
Mr. R. C. Elmslie, London...	...	10	10 0
Dr. Samuel J. Barton, Norwich	...	10	10 0
Dr. F. W. Burton-Fanning, Norwich...	...	10	10 0
Sir Hamilton Ballance, Norwich	...	10	10 0
Dr. Wilson Tyson, Lowestoft	...	10	10 0
Sir John Lynn-Thomas, Cardiff	...	10	0 0
Dr. H. Muir Evans, Lowestoft	...	5	5 0
Dr. C. B. Ticehurst, Lowestoft	...	5	5 0
Dr. D. W. Boswell, Lowestoft	...	5	5 0
Mr. J. C. Mead, Lowestoft ...	...	5	5 0
Mr. S. H. Burton, Norwich ...	...	5	5 0
Mr. Donald D. Day, Norwich	...	5	5 0
Dr. Sydney H. Long, Norwich	...	5	5 0
Mr. A. J. Blaxland, Norwich...	...	5	5 0
Dr. R. W. Mullock, Southwold	...	5	5 0
Dr. D. H. Hutchinson, Lowestoft	...	3	3 0
Mr. E. W. Everett, Norwich...	...	2	2 0
Dr. H. J. Starling, Norwich ...	...	2	2 0
Mr. S. F. Smith, Beccles	...	2	2 0

Subscriptions should be sent to Sir Hamilton Ballance, All Saints Green, Norwich, and will be acknowledged from time to time in the medical press.—We are, etc.,

ROBERT JONES, Liverpool.

GEORGE E. GASK, London.

R. C. ELSLIE, London.

JOHN LYNN-THOMAS, Cardiff.

HAMILTON A. BALLANCE, Norwich.

WILSON TYSON, Lowestoft.

Norwich, Nov., 26th.

SIR,—After reading the account of the above case in yesterday's JOURNAL, also Mr. R. C. Elmslie's letter, surely two thoughts should occur to most of us?

1. We should assure Dr. Wood-Hill of our sympathy with him.

2. We of this generation should consider it our bounden duty, as a profession, to see to it that such a judgement is not allowed to pass unchallenged, both in our own interests and in the interests of those that come after us.

It therefore follows that subscriptions should be raised to defray all the expenses of an appeal. How can this best be done?—I am, etc.,

Cranborne, Salisbury, Nov. 27th.

CHAS J. GIRLING.

SIR,—The case of Clayden v. Dr. Wood-Hill, as reported in the BRITISH MEDICAL JOURNAL of November 26th, makes one wonder if one can really afford to practise medicine and surgery—if after employing all the methods one was taught as a student and doing one's best for a patient (as Dr. Wood-Hill evidently was), to be suddenly savagely penalized to the extent of nearly £1,000 is enough to make any humble general practitioner pause before he tackles a difficult fracture. It is evident that if this verdict is allowed to stand the position of the medical practitioner becomes one of great risk and insecurity, as the whole question of what constitutes malpraxis is changed from what it was before. This being so, is not this a case which should be fought tooth and nail by the Association? If a subscription list were opened I am sure many would avail themselves of the opportunity of rectifying a serious miscarriage of justice.—I am, etc.,

Burwash, Sussex, Nov. 27th.

A. W. S. CURTIES.

SIR,—I trust our Association and the profession at large do not mean to take the decision in this case "lying down." That such a verdict in face of the weight of evidence can be considered as final is unthinkable. No practitioner is safe now, it would seem, from the risk of ruin after he has done everything he possibly could or in reason be expected to do for his patient. It is a very serious position for every one of us to consider.

I have always understood that all that was required of a practitioner—apart from the expert—was that he should have shown all ordinary skill and competence. Dr. Wood-Hill, in my view, did so, and possibly more; and we have the evidence of an expert in Sir Hamilton Ballance, who said Dr. Wood-Hill's treatment was just what he himself would have done. What can judge or jury want beyond this?

Mr. Elmslie's letter is of the highest importance as showing that both judge and jury seemed to have ignored or imperfectly understood some parts of his evidence which had an important bearing in favour of the defendant.

I hope an appeal will be lodged, and that it will have the whole weight of the Association and the profession at large behind it, and, further, that a fund be opened at once to meet the expense.—I am, etc.,

Felton, Northumberland, Nov. 28th.

ROBT. A. WELSH.

PULMONARY CIRCULATION.

SIR,—In the JOURNAL of November 12th Dr. S. W. F. Underhill gives the results of tying the left pulmonary artery, which, he states, has no effect on the aortic pressure. In these experiments the work of Lichtheim is repeated with similar results. Landgraf in 1892 showed quite clearly that the apparent absence of change in the aortic pressure was due to the artificial respiration, and this view is supported by Leonard Hill in Schafer's *Textbook of Physiology*. The recent work of Sharpey Schafer shows what an important part alveolar pressure plays in the causation of respiratory variations in the blood pressure. Similar objections may be put forward regarding like experiments of Bainbridge and Underhill in the *Proceedings of the Physiological Society* of March of this year.

The experiments of Underhill, if carefully analysed, are far from convincing, indeed it is difficult to see how he arrives at his results from them. It may be that his examples are unfortunately chosen. In A. and B. there is a definite fall in aortic pressure after ligation of the left pulmonary artery. That this is obtained during artificial

respiration is all the more striking as such respiration would tend to mask the effect, as pointed out by Hill in regard to Lichtheim's experiments. In B. also, the fact that a minute output of 378 c.cm. does not raise the blood pressure so much as an output of 283 c.cm. may be taken to indicate a variable factor which renders the experiment fallacious.

The anaesthesia is a weak point in all the experiments, and probably could be best avoided by the use of decerebrate preparations. It is difficult to see how a constant level of anaesthesia was guaranteed when enormous changes were made in the ventilation, and especially when a change was made from artificial to natural respiration. For example, in F 2, where the aortic pressure actually rose after tying the left pulmonary artery, circulatory depression (72 mm.) at the beginning of the experiment is suggested, but as urethane and atropine were given also, several factors have to be considered. On comparing the results of Bainbridge and Underhill given in March with the results of the present apparently similar experiments, there are some striking differences, for which no reason is given, while in drawing conclusions the work of Krogh and Shaw Dunn could with advantage have been considered.

I do not wish to dispute the findings of Dr. Underhill unduly, as they are evidence of much work, but I do think there are several points worthy of further consideration and explanation before the results can be accepted.—I am, etc.,

R. J. S. McDOWALL.

Physiological Laboratory,
University of Leeds, Nov. 16th.

DESTRUCTION OF LICE ON HAIR-CLAD AREAS.

SIR,—As an aural surgeon who sees a considerable number of out-patients in a slum area and as a certifying surgeon I have an opportunity of seeing some 2,000 more or less lousy heads per annum, mostly in children at school or in "young persons" coming straight from school to factory life.

I was accordingly very interested in Mr. A. Bacot's article headed "Wood tar oils for the destruction of lice on hair-clad areas" in your issue of November 19th, the more so as I had myself attempted some experiments last year with a view to finding a treatment for this condition that would be "cheap, safe and efficient."

I was disappointed to find absolutely no mention of the one essential to safety in any mixture that is to be prescribed for home use—namely, non-inflammability.

When one considers the ingrained carelessness of the class for whom such treatment is usually required, and the almost universal practice of girls drying their hair at the fire, one must refuse to prescribe a dangerous mixture such as olive oil and paraffin for home use, though it is very effective for institutional use. But I for one would not consider that I had been a public benefactor if, in the course of five years I had succeeded in getting 10,000 girls to cleanse their hair, and in that time one girl lost her life through carrying out my prescription.

Any mixture which contains (a) a substance which will kill the louse, which is not difficult, as the paraffin does in the above, and (b) a heavy oil which will block up the blow-hole of the nit and so prevent him from getting out of his capsule, a feat which he performs by means of air pressure—a true *vis a tergo*—will be effective. It would probably be in vain to look for a substance which would dissolve the cement without injuring the hair, but a fine tooth comb and goodwill work wonders.

What is required is to discover such a mixture which will be cheap, non-inflammable, non-injurious to the skin and hair, and fairly easily removable from the hair afterwards. This should not be impossible and one hopes that Mr. Bacot or some of our laboratory workers will tackle it seriously with a perception of the real problems involved.—I am, etc.,

E. S. BURT HAMILTON, M.B., F.R.C.S.Ed.
Manchester, Nov. 21st.

IMMEDIATE TREATMENT OF DIPHTHERIA.

SIR,—In view of the increase of cases of diphtheria in London, it might be of interest to your readers to know the results of treatment of this disease in two of the largest settlements in connexion with Dr. Barnardo's Homes—namely, the Boys' Garden City, Woodford Bridge, and the Girls' Village Home, Barkingside. There are over

2,000 children in residence, and the population is constantly changing.

In the past seven years there have been 205 cases of which I have record, with two deaths, under 1 per cent. During the past two years 96 cases, with no death. This good result I attribute mainly to two factors: (1) The cases are seen early, usually on the first day, and are immediately taken into hospital under skilled nursing. (2) Any case of sore throat which is sufficiently suspicious as to call for a swab being taken for bacteriological examination is immediately given an intramuscular dose of antitoxin of 2,000 to 6,000 units, according to its apparent severity. Thus by the time the report is known the exudate often shows signs of abating. If the result is positive, valuable time is gained; if negative, no harm has been done.—I am, etc.,

G. GUSHUE-TAYLOR, M.B., B.S., F.R.C.S.
Barkingside, Essex, Nov. 21st.

MEDICINE IN BAGHDAD.

SIR,—I notice in your issue of October 1st, 1921, an annotation on the work of the Baghdad Medical Society, wherein it is stated that this body "has been converted into the Baghdad Division of the Mesopotamian Branch of the British Medical Association."

This is a misapprehension. The two societies have and will have an entirely separate existence.—I am, etc.,

GORDON SPENCER, B.A., M.D.,
Honorary Secretary, Mesopotamian Branch,
British Medical Association,
New General Hospital, Baghdad,
Nov. 5th.

Obituary.

SIR SYDNEY BEAUCHAMP, M.B., B.Ch.CANTAB.

WE announced briefly last week the tragic death of Sir Sydney Beauchamp, as the result of a street accident in London on the night of November 22nd. While walking with a friend he was knocked down by a motor omnibus in Pall Mall, and died soon afterwards in Charing Cross Hospital. It was only last year that he was knighted in recognition of his services as resident medical officer with the British Delegation during the Peace Conference in Paris. He had practised with very great success for many years in William Street, Lowndes Square.

Sydney Beauchamp was born in 1861, the son of the late Henry H. Beauchamp of Bexley, Kent. He began his medical studies at Gonville and Caius College, Cambridge, graduating B.A. in the Natural Sciences Tripos in 1887. He then went to St. Bartholomew's Hospital, and two years later obtained the M.R.C.S. and L.R.C.P. diplomas. He took the M.B. and B.Ch. degrees in 1890, and became M.A. in 1896. During his early days of practice he acted as clinical assistant in the Electrical Department at St. Bartholomew's.

Sydney Beauchamp's personal qualities very soon began to bring him success in what is still called "West End" general practice. He was an indefatigable worker, methodical and thorough, with the gift of inspiring confidence in his patients and their friends. He was a man of the world, equal to every occasion professional or social, with a singularly tactful and charming manner. The art of handling men, women and children came to him by nature and was perfected by long experience. This quality of entering into the minds and feelings of his patients is indicated by his friends and colleagues, whose appreciations we print below.

During the war Dr. Beauchamp acted as medical officer of the Wrest Park Military Hospital, and gave the benefit of his large obstetrical experience to the Officers' Families Fund, to whose lying-in hospital he was physician. He married in 1891 Edith, daughter of Henry Morton Sharp. The funeral took place on November 25th, the first part of the service being held at Holy Trinity Church, Sloane Street.

Lord DAWSON OF PENN writes:

Sydney Beauchamp held a place of his own in the practice of medicine. For more than thirty years he laboured unceasingly, forgetful of self and intent that his many patients should have the best he could give and obtain for them. To this end he shaped his life. His holidays were few, his working days were long and began