EDITORIAL

London, June 1950

Due Skill and Care

In the life of a doctor no event can more quickly change glorious summer into a winter of discontent than the arrival of a letter alleging negligence. The practitioner who does not experience such a cold douche once during his professional career can count himself fortunate. In this issue a distinguished barrister has written a most timely article on the legal aspects of medical and surgical delinquency, and the reader is soon reminded how skilful the defence must be either to refute such charges if untrue, or to minimize the financial and professional consequences should they be agreed as proven. We in Great Britain are indeed fortunate in the shelter provided by protection societies capable of clear decision and great determination in medico-legal affairs. Any graduate who fails to ensure himself of such a service continuously throughout his career, no matter where that may take him, is carrying a risk which could at any time break him.

The writer has already had, and is again having, the benefit of medical defence. Against the second charge of negligence there would seem to be a good prospect of success; against the first there

was none. It was the old story of the wrong toe, and the damages claimed at one time amounted to £450, equivalent to a year's hard labour for a registrar of the period. The defendant wrote his statement, paid a visit to his society's solicitor and in due course received a letter informing him of a settlement. As Wordsworth made one of his fair women say, 'Just that and nothing more.' This experience may serve as a reminder of the many quiet medico-legal activities which never reach court or press.

Overseas graduates working temporarily in this country occasionally fail to be covered during their stay. Quite recently a registrar from the Dominions, who had taken both parts of his Fellowship in England, was giving an anaesthetic for a trivial complaint when the patient died, almost certainly from a fault in technique of which he became aware too late. His state of agitation was by no means diminished when he realized that his subscription to a defence society had lapsed. Some hospitals wisely now make membership of a protection society a condition of every clinical appointment. This practice cannot be too highly commended.

ACH TUNG

ANNOTATION

Cholera in Egypt

The Epidemiology of Cholera in Egypt is discussed in an article by Dr. Abdel Hussein Bey (*Med. Press, Egypt*, lx, December 1949) on the basis of an examination of the recorded experiences during 11 outbreaks of the disease in the years from 1831 to 1902 and the later epidemic of 1947. Cholera was not endemic in Egypt in the period and outbreaks were confined to a single season except in one year in which infection carried over

through the winter. There were prolonged intervals of several years between outbreaks, and before the 1947 epidemic Egypt had been free from cholera for 45 years.

Much of the paper is devoted to a discussion to the effect of climatic factors and it is shown that epidemics tend to occur when the air temperature is around a monthly mean of 20° C. or more, and that the disease usually disappears when the mean falls below 15° C. The evidence on the matter is considered in relation to a series of charts of mean temperature, humidity and vapour pressure for different areas, and corresponding charts are