HONEY FOR NECROTIC BREAST ULCERS

SIR,—However much I dislike diappointing Mr Keast-Butler (Oct. 11, p. 809), both as a beekeeper and as a colleague, I would discourage the use of honey to soothe dermal lesions in general and necrotic malignant breast ulcers in particular. Though ripe honey will not allow the proliferation of most microorganisms it is not sterile. Midura et al.[1] isolated *Clostridium botulinum* types B and A from 9 out of 90 samples of honey. Although botulism contracted from infected wounds is not a common disease[2] it does seem unwise to expose patients to an extra risk which is medically unacceptable[3] and preventable since hospital pharmacists can prepare a sterile hydrolysate of sucrose of the same water content as honey.[4]

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1 Midura TF, Snowden S, Wood RM, Arnon SE. Isolation of *Clostridium botulinum* from honey. *J Clin Microbiol* 1979; **9**: 282–83.
2. Merson MH, Dowell VR. Epidemiologic, clinical and laboratory aspects of wound botulism. *N Engl J Med* 1973; **289**: 1005–10..
3. Dinman BD. The reality and acceptance of risk. *JAMA* 1980; **244**: 1226–28.
4. Mossel DAA. Water and microorganisms in foods: a synthesis. In: Duckworth RB, ed. Water relations of foods. London. Academic Press, 347–61.

Law Report

Successful Appeal by Royal College of Nursing on Medical Termination of Pregnancy

BY a circular dated Feb. 21, 1980, and annexes thereto, the Department of Health and Social Security stated that in abortion by medical induction carried out by the extra-amniotic process the termination of pregnancy could properly be said to have been carried out by a registered medical practitioner provided that it was decided on by him, initiated by him, and he remained responsible throughout for its overall conduct in the sense that any actions needed to bring it to conclusion were done by appropriately skilled staff acting on his specific instructions but not necessarily in his presence. The circular also stated that an appropriately skilled nurse or midwife might connect, adjust, and regulate an extra-amniotic infusion of prostaglandin or an intravenous infusion of oxytocin.

The Royal College of Nursing of the United Kingdom sought a declaration that the statement was wrong in law. Mr Justice Woolf refused the declaration sought, and granted the Department a declaration that the advice in the circular and annexes did not involve members of the College in any unlawful act. The College appealed.

Lord Denning, Master of the Rolls, said that the approach to abortion had been revolutionised by the Abortion Act 1967. It provided that in order for the abortion to be lawful the woman had to get two doctors to give a certificate, the abortion had to be done in hospital, and the pregnancy had to be "terminated by a registered medical practitioner". The last consideration arose because of the advance in medical science. Since 1972 the method of medical induction had been used. The first stage was done by a doctor, who inserted a catheter. The second stage was done by nurses. They connected the catheter to a pump or a dripping device and obtained the prostaglandin. They had to regulate the dose and control the intake. The first stage did nothing to terminate the pregnancy; it was only a preparatory act. It was the second stage which terminated the pregnancy. The College asked whether it was lawful for nurses to be called upon to terminate pregnancy in that way. They said it was not. The Department said it was.

The lawfulness depended upon the true interpretation of the Abortion Act 1967. In one category of statutes, Parliament has said "by a registered medical practitioner or by a person acting in accordance with the directions of any such practitioner," or words to that effect. In a second category, Parliament has said "by a fully registered medical practitioner," omitting such words as "or by his direction". It had been submitted that the Abortion Act 1967 should be read as if it said that a person should not be guilty of an offence "when the treatment for termination of a pregnancy is by a registered medical practitioner", and that whenever the registered medical practitioner did what the Department advised it satisfied the statute because the treatment, being initiated by him and done under his instructions, was "by" him.

His Lordship could not accept that interpretation. The word "treatment" in section 1 of the Act meant "the actual act of terminating the pregnancy". When the medical induction method was used that meant continuous act of administering the prostaglandin from the moment it was started until the fetus was expelled from the mother's body. That continuous act must be done by the doctor personally. It was not sufficient that it was done by a nurse when he was not present. The appeal should be allowed.

Lord Justice Brightman, concurring, said that it had been emphasised that section 1(1) of the Abortion Act only exempted from criminality an occasion when a pregnancy was terminated. He was disposed to accept the submission that the section meant that a person should not be guilty of an offence under the law relating to abortion when the treatment for termination of a pregnancy was carried out by a registered medical practitioner. Such a construction did not involve adding any words to the statute, but it removed the apparent absurdity which would arise if the operation did not succeed in terminating the pregnancy or if the woman proved not to be with child. Applying that construction to the facts supposed in the circular, the true analysis was that the doctor had provided the nurse with the means to terminate the pregnancy, not that the doctor had terminated the pregnancy.

Sir George Baker delivered a concurring judgment.

Royal College of Nursing of the United Kingdom *v.* Department of Health and Social Security. *Court of Appeal:* Lord Denning, M. R., Brightman L. J. and Sir George Baker, Nov. 7, 1980. Counsel and solicitors: Michael Spencer (M. J. Scrivenger); Sir Ian Percival Q.C., Solicitor-General, Simon D. Brown and Stephen Aitchison (Treasury Solicitor).

ROBERT WILLIAMS
Barrister-at-law.

Reconstruction

MEDICAL EDUCATION IN LONDON

PROPOSALS on medical education in the University of London prepared by the Joint Planning Committee were put before the University Senate on Oct. 29 and the University Court. The table on p. 1092 summarises the committee's suggestions and also sets out the corresponding recommendations in the Flowers report, which was published in February.[1]

RESOLUTION BY SENATE

A resolution by the Senate last week encouraged those medical schools which have expressed their willingness to become Joint Schools to move as rapidly as possible towards that end, and in particular prompted them to establish forthwith consortia along the lines recommended in the report of the Joint Planning Committee.

The Senate urged those other medical institutions in the Faculty which have expressed their desire to associate themselves with schools, whether through academic collaboration or institutional combination, to take immediate steps towards such association, and in particular expresses the hope that any such association will be in accordance with the report of the Joint Planning Committee.

In recognition of the difficulties inherent in some of the recommendations of the report, the Senate requested the Court to continue for the time being to fund all the institutions of the Faculty broadly at their present relative levels.

Finally, the Senate requested the Joint Planning Committee, in

1. Medical Education in London: Radical Changes. *Lancet* 1980; i: 477.