It is her first task in the morning to daub the floor where the cooking is done, also the spot where the husband sits to eat, and one or two other portions besides.

Since learning this, I ask the young wives I visit in the Military Service to show me their nails; and advise them and their husbands as to the dangers of nails not kept short and clean, and how necessary is a wash with *soap* and water after this early morning task.

One morning when the women of the house were ill and the husbands away, I noticed fly maggots crawling in hundreds over a freshly daubed floor. Evidently stale cowdung had been used by a careless servant.

HEALTH CENTRE,
DERA ISMAIL KHAN,
N.-W. F. P.,
21st September, 1930.

Yours truly,
L. E. MACKENZIE.

THE SOMERA CASE

BY ELIZABETH M. GRENNAN

From the 'I. C. N. Review', July, 1930

The case of the Filipino nurse, Lorenza Somera, who was condemned in May, 1929, at Manila to one year's imprisonment, in connection with the death of a young girl in the operating theatre, caused much concern and deep-felt sympathy in a large section of the nursing world during the latter half of last year. Miss Somera had been accused, together with Drs. Gregoria Favis and Armando Bartolome, of "homicide through reckless imprudence". The following is a summarized statement of this important case, and describes the course of events from the time of the operation down to the movement which ultimately secured Miss Somera's pardon, granted by the Governor-General of the Philippines.

Several days previous to May 26th, 1928, Pedro Clemente took his daughter Anastacia Clemente, not yet fourteen years of age, to Dr. Gregorio Favis at Manila. After examination Dr. Favis decided to perform a tonsillectomy. He instructed the father and daughter to go to St. Paul's Hospital where he would perform the operation at 7 a.m. on May 26th.

Dr. Favis then called up Sister Mercedes at Paul's Hospital and had the operation fixed for the date and hour agreed. He said he would follow the same orders given in previous tonsillectomy cases done there.

The head nurse in the operating room on the morning in question was Lorenza Somera. Valentina Andaya and Consolacion Montinola were student nurses working in the operating room under Miss Somera. Consolacion Montinola was the sterile nurse, Dr. Bartolome was the assistant surgeon.

Dr. Favis arrived a little before 7 a.m., scrubbed his hands and examined the patient, who was already present. He then asked for 10 per cent. cocaine with adrenalin and swabbed the throat of the patient. Before this was done, as the clock was striking 7, Dr. Bartolome arrived. He scrubbed and came to assist Dr. Favis. The sterile table was prepared with the solutions and other needed articles. Dr. Favis asked Dr. Bartolome for the novocaine solutions. Miss Montinola handed Dr. Bartolome a syringe of solution, which Dr. Favis

received from him and injected into the patient. After a few minutes Dr. Favis asked for and injected more solution.

Dr. Bartolome noticed that the patient became pale and acted as if dizzy, and called Dr. Favis's attention to this. Dr. Favis said this was not unusual. Dr. Favis then asked for, received and injected a third syringe of solution. A few minutes later the patient showed symptoms of convulsions. Dr. Bartolome again called Dr. Favis's attention to the condition of the patient. Dr. Favis ordered adrenalin, which was injected. A second injection was also administered. The patient again showed symptoms of convulsions and died in a few moments.

Dr. Favis then asked if the novocaine was fresh. Miss Somera replied: "It was not novocaine but 10 per cent cocaine." Upon direct examination Miss Consolacion Montinola when questioned by the prosecution affirmed firstly, that she did not know who prepared the drugs, and secondly, that she heard Dr. Favis order cocaine with adrenalin for injection and also heard Miss Somera verify the order. When questioned by the defence she again testified that she heard the order given and verified. This point is important—even the prosecution brought out that Dr. Favis ordered 10 per cent cocaine for injection and that Miss Somera verified the order.

The autopsy report and the testimony of Dr. Anzures showed that the patient was suffering from *status lymphaticus*. He also testified that such patients have been known to die with even so slight an injury as the prick of a needle; also that the organs of a person dying from this disease (after a very slight injury as the prick of a needle,) which he had examined, were in practically the same condition as those of the deceased.

Facts not brought out in the trial are: that Miss Somera had only finished her training on May 20th, 1928; that she not had yet received her registration certificate and was not an experienced graduate, as stated in the prosecution; that Dr. Favis had operated for tonsillitis but once previously in St. Paul's Hospital and that Miss Somera had not been on duty in the operating room at the time; and that no order from Dr. Favis was given her before his arrival.

Defence in the Lower Court

The defence was conducted by Mr. Courtney Whitney, who has been practising law in Manila for a number of years and previous to that time was a member of the Legal Department of the United States Army.

He brought out the following points:

1. That there was no competent evidence to clothe Lorenza Somera with the crime.

2. That if the testimony of Consolacion Montinola that Miss Somera prepared the drug is accepted, it must also be accepted that she did it upon the order of Dr. Favis. Her testimony must be either accepted *in toto* or rejected *in toto*.

Dr. W. H. Waterous and Dr. Rufino Abriol, both of whom had operated for many years in St. Paul's Hospital, testified that both in that institution and elsewhere nurses are under a semi-military training and are required to carry out the orders of the doctors for drugs. That when a doctor orders a solution for injection the nurse does not know how much he intends to use of the amount prepared. That furthermore a doctor learns the action of drugs by administering them and that, therefore, the nurse's training and experience are not adequate to this knowledge and that this responsibility belongs to the doctor. They also testified that cocaine both was and had been used for injection by many doctors.

A resolution approved by the Educational Section and by the Executive Board of the Filipino Nurses' Association was presented. This resolution affirmed that nurses are taught that they must not question the order of a doctor for drugs except to verify it. The Chairman of the Curriculum Committee of the Educational Section and Principal of a School of Nursing testified to the same, and nursing text-books were presented to support the testimony.

3. That the prosecution had failed to establish whether the cause of death was due to cocaine poisoning or *thymus lymphaticus*. The testimony of Dr. Anzures, as given in the facts above, and that of Dr. Waterous indicate that the patient could have died irrespective of the solution used. "The fact that Anastacia Clemente died subsequent to surgical procedure does not in itself make any of those in professional attendance upon her *prima facie* responsible."

Decision of the Lower Court

The case dragged along from May 26th, 1928 to May 7th, 1929, when the following decision was rendered :—

"Wherefore the Court absolves the two said accused, Gregorio Favis and Armando Bartolome, of the crime of which they are accused in this case, ... and declares Lorenza Somera guilty of the crime imputed in the complaint and in conformity with the provisions of Article 568, Section I, of the Penal Code, *without finding any modifying responsibility as none has been shown*, condemns her to suffer one year and one day imprisonment, to indemnify the heirs of the deceased Anastacia Clemente in the sum of One Thousand (1,000) Pesos with subsidiary imprisonment in case of insolvency and to suffer further the accessories provided in Article 61 of said Code and to pay one third of the costs."

Extra Legal Assistance

On May 10th the Legislative Committee met, appointed Mrs. Diaz (President of the Nurses' Association) and Miss Macaraig (Chairman of the Educational Section) to serve with the Chairman, Miss Grennan, as a Special Committee. The Special Committee was to take the following course : prepare articles for the newspapers ; send the facts of the case to nursing journals throughout the world ; present the whole case with request for advice to the International Council of Nurses ; consult the medical advisers to the Governor-General.

A few days later materials for publication, setting forth the professional and humanitarian aspects of the case, were presented to Attorney Whitney for approval. As he had already filed the case with the Supreme Court and believed they would reverse the decision, and as the Committee might be liable for contempt of court if they discussed too freely a case pending before the Supreme Court, he advised the Committee to drop its programme. Dr. Waterous when consulted was of the opinion that the safer course would be to wait quietly and depend on the Supreme Court for justice. The Committee considered this advice carefully. (A high government official had just received a sentence for contempt of court.) However, after careful thought the three members of the Committee decided that this case was legitimate nursing business and must go before the International Council of Nurses ; and also that the Medical Advisers to the Governor-General were sympathetic friends of nursing and that a confidential report to them could not do any harm. Furthermore, they judged that if any untoward results came from this course of action they would come to them personally.

Consequently a detailed report was prepared and one copy sent with Miss Macaraig to Montreal and another copy (with verbal explanation) filed with Col. M. A. Delaney and Major George Lull at Malacanang.

The Defence before the Supreme Court

Mr. Whitney based his plea before the Supreme Court on six points. In these he showed that the conclusions of the Court of First Instance were not supported either by the evidence or by the actual facts of the situation, all of which had not been brought out. He pleaded the case upon professional and humanitarian as well as legal grounds, bringing in and using those facts which had escaped the Lower Court.

The Supreme Court Decision

On December 20th, 1929, Justice Villareal with Justices Street, Ostrand and Johns, handed down the following decision:

"Wherefore, finding the decision of the Lower Court to be in accordance with the facts and law, it is confirmed in all respects with costs against the appellant.

"Ten days from the promulgation of this sentence, let sentence be entered accordingly, and five days later return the record to the Lower Court."

Motion for Reconsideration

As soon as this decision was announced, Attorney Whitney filed a very carefully prepared Motion for Reconsideration.

Pardon

As a Motion for Reconsideration is only granted in very rare instances, the Committee of Nurses began working for the pardon. A radio was sent immediately to the International Council of Nurses, asking their co-operation in securing a pardon. The Council had previously written the Governor-General drawing his attention to the professional aspects of the case, and asking his interest.

A petition to the Governor-General was prepared setting forth the professional and humanitarian aspects of the case. The Committee took the stand from the beginning and refused to withdraw from it: That this young nurse had merely followed the rules which she had been taught. That these rules had been formulated for the good of the general public and had been practised in every country where nursing has been known. That the Committee, representing the group which determined what a Filipino nurse should be taught, had seen to it that Filipino nurses were so taught. That this programme had been followed in the full faith and credit that it was in entire accordance with the law of the land; if it was not, we the leaders of the profession were guilty and culpable and not this young nurse. That the punishment should be ours and that making her a substitutionary sacrifice for us was a gross injustice that before God ought not to be.

This petition was presented to all the women's clubs in Manila and received unanimous approval. A copy was sent to each hospital and was signed by hundreds of nurses and scores of doctors.

Attorney Whitney secured the signature of two members of the Supreme Court who sat on the case (Justices Street and Ostrand) and presented the matter to the Legal Advisers to the Governor-General. The Committee visited the members of the Pardon Board* and the Legal Advisers and Medical

* The Pardon Board consists of Under-Secretary of Justice Torres, Col. Sweet, of the Constabulary, and Dr. Jose Fabella, Welfare Commissioner.

Advisers to the Governor-General. All of these were in entire sympathy with the plea of the nurses and each did his part in bringing about the pardon.

It is reported that at midnight on January 30th, 1930, His Excellency Dwight L. Davis, Governor-General of the Philippine Islands, after a long conference with his Legal Adviser, Col. Blanton Winship, signed a conditional pardon absolving Lorenza Somera from her sentence. The length of the conference is not to be interpreted as any reluctance on the part of the Governor-General to release this girl from a prison sentence. His Excellency was faced with two perplexing problems. One of the fundamental principles of American Government is that the Executive shall not interfere with the Judiciary. Also, pardons are granted upon good behaviour after part of a sentence has been served, and to pardon someone condemned by the Courts without his even entering the prison would establish a dangerous precedent. So to frame the pardon as to obviate these difficulties was a task requiring careful consideration.

On the morning of January 31st, 1930, Miss Somera, accompanied by the Committee, appeared before Judge Diaz and heard the pardon read.

Counsel for the defence inserted the following statement in the Court record:

"Upon the confirmation of the sentence of this Court by the Supreme Court, on behalf of Lorenza Somera I sought from the Governor-General a full, unconditional pardon. This the Governor-General refused to consider on the ground that it was contrary to the policy of the Chief Executive to thus set aside the mandates of the Courts, but in view of the recommendation of two of the Justices of the Supreme Court who reviewed the case upon appeal, the unanimous recommendation of the Board of Pardons, and the petition of the Philippine Nurses' Association for executive clemency in some degree, as well as because of certain exceptional extenuating circumstances apparent to him in this case, the Governor-General remitted that part of the sentence as called for prison confinement, upon the condition that Lorenza Somera should not in the future violate any of the penal laws of the Philippine Islands.

"Although disappointed in not being granted the full and unconditional pardon from the Governor-General which she had through her counsel sought, Lorenza Somera has formally accepted the conditional pardon His Excellency has extended.

"I therefore hand the Court a signed copy of the conditional pardon of the Chief Executive and a signed copy of Lorenza Somera's acceptance thereof, and move the Court to order the release of the young nurse convicted, and the exoneration of her bond."

In reviewing this case we are casting no aspersion whatever on the Courts. We believe they were discharging their sworn duty in the application of the law. While we do not know the working of their minds in relation to the case, we would say that if their decisions were influenced by the thought that human life is precious and must be guarded at any cost, and that it can better be guarded by two responsible persons, a doctor and a nurse, rather than by one, a doctor and a less responsible person, we agree with them entirely. We not only agree with them but thank them for these decisions which lift nursing from a subservient place to one of equality in responsibility and dignity with that of the doctor.

But while we are grateful to these we want to pay a special tribute to those men, including His Excellency the Governor-General, the Legal Advisers, the Medical Advisers, the Pardon Board and the two members of the Supreme Court, who have hearts and minds big enough to admit that the most carefully

and perfectly made human law sometimes fails, but that the law of God, which is true justice, never fails and must be put above human law. We wish also to express our appreciation of Dr. W. H. Waterous and Attorney Courtney Whitney who were our constant and unfailing friends during the darkest hours. These men were our professional, financial and legal backing. They defended the case for the sake of justice and the nursing profession and that without remuneration. The International Council of Nurses also sent a letter of appreciation to the Governor-General. All of these were thanked by the Legislative Committee both personally and by letter.

What at times looked like a tragedy has worked together for the good of our profession. We not only feel that the Philippine Islands are safe for nursing, but that we are sure of the sympathy and co-operation of our Government in effecting advances in nursing education which will not only greatly benefit the public here, but establish precedences of help to nurses everywhere. These plans have not yet been perfected and presented, but we have assurances of support.

One of the finest results of the Somera Case is the strengthening of professional consciousness in our group. The humblest nurse in the farthest place in the Philippine Islands is no longer an isolated, forlorn worker, but a part of a great organisation that not only suffers when she suffers and rejoices when she is made glad, but is ready with advice and help—the International Council of Nurses.

BOOK REVIEWS

Bacteriology applied to Nursing

A Combined Text-book and Laboratory Guide in Micro-biology. By Jean Broadhurst, Ph.D., Professor of Bacteriology, Teachers' College, Columbia University, and Leila I. Given, R.N., M.S., Instructor of Bacteriology, School of Nursing, Western Reserve University. 498 pages apart from the Table of Contents, 290 illustrations, 1930. J. B. Lippincott Company, Philadelphia and London. $3.00.

An unusually fine text-book clear, concise and comprehensive. The nurse-student interested in Bacteriology should find this book a positive incentive to study. So fascinatingly is it written that one reads it, not merely for information, but for enjoyment as well.

The subject-matter is divided into five sections as follows:

"The fundamental preliminary materials, microscope, living cells, helpful and harmful organisms.

Definite information rgarding bacteria and protozoa and other micro-organisms which affect our welfare.

An appreciation of the role of bacteria as a part of our general environment: air, soil, water, milk and food supply.

Micro-organism as directly related to disease.

A brief presentation of an aphylaxis and the many tests with bacteriological significance which are now routine in hospital practice."

The text is illuminated with good sketches and photographs. Facts of historical interest are compacted into almost "tabloid" dimensions, but add zest to the text and create in the reader a mental appetite for "Lives" of the various scientists, whose research in this realm has done so much to render life more livable for mankind.

The glossary is very helpful, and the laboratory suggestions, if carried out, should give the student a practical knowledge of the subject,—indeed, it

would be greatly to be regretted should the knowledge of so important a study as Bacteriology be acquired only in a theoretical fashion. In such case, it becomes merely another subject for examination.

This text is heartily recommended to student nurses.

A. C. McA. M.

The Sex Factor in Marriage, by Helena Wright, M.B., B.S. 3*s*. 6*d*.
Parenthood: Design or Accident? by Michael Fielding. 3*s*. 6*d*.
Published by Noel Douglas, 38 Great Ormonde St., London, W. C. 1.

The sufficient reason for the writing and publication of these two books is contained in an extract from a speech by the Archbishop of Canterbury. The Archbishop said: "I would rather have all the risks which come from free discussion of sex than the great risks we run by a conspiracy of silence." The first of these books discusses frankly the positive side of sex life within the marriage bond and is essentially a book for those who are or who are about to be married. Hitherto such life has been hedged about with a host of negative instructions. It is well in these days of frank discussion of such subjects to have a book of this kind which describes just those things which every married person should know, and wants to know, in a perfectly open and reverent way. The book is of 100 pages and contains an introduction by Rev. A. Herbert Gray, D.D. It is not a 'nursing' book but it is one which many nurses in India will like to know of in view of the advice that they are called upon to give in all kinds of emergency.

The second book has as sub title "A Manual of Birth-Control," and contains a preface by H G. Wells. Whether agreed with or not the subject of birth-control is becoming more and more widely known and it is well to have a book, written with the same care and openness as the first book mentioned above, on this subject. This book contains chapters on the Meaning of Birth Control, the Socio'ogical Factor, the General Principles of Contraception, Methods of Contraception, Methods of the Future. Objections to and Propaganda of Birth Control. There are also some useful appendices.

EXCHANGE

What the Rural Public Health Nurse should know about Diabetes

By Lillian A. Chase, B.A., M.B., Regina, Saskatchewan

From "The Canadian Nurse"

People are dying of diabetes today not because medical science does not know how to keep them alive, but because this knowledge is not being applied to all of the people who need it.

It is not being applied because (*a*) all doctors are not familiar with the newer methods of treatment, (*b*) patients do not present themselves to doctors for treatment until certain degenerative changes associated with diabetes have taken place, (*c*) after patients have placed themselves in the doctor's care they are too self-indulgent to follow instructions.

The public health nurse should know the symptoms of diabetes, which are thirst and frequency: she should know that diabetes almost never occurs in those over forty unless they are overweight or have been at some former time.

She should know in a general way how to prepare a diabetic meal; that it is no longer necessary to feed diabetic meals which are nauseatingly high in fat and that a diabetic can be fed without resorting to large quantities of cabbage.

She should know that a diabetic should visit his doctor once a month, or if he is too far away to do that at least once in three months.