

Royal Jelly: a potential killer

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On 5 June 1997, recommendations were made by Coroner Michael Price in the inquest into the death of Julie Anne Hardaker that the relevant NSW and Commonwealth Health Authorities give urgent consideration to the withdrawal of sale of the product Royal Jelly.

Additionally a recommendation was made that should the first recommendation be adopted and implemented, then clinical trials should be undertaken and the relevant authorities satisfied before the product being reintroduced for sale.

The inquest related to the death of a 23 year-old woman, Julie Anne Hardaker, who died after taking a capsule of Royal Jelly. Royal Jelly is a substance secreted from the pharyngeal gland of worker bees and fed to the queen bee which is high in protein and contains many vitamins and minerals. It is marketed as an energy supplement and "cure all" and is sold in many health food stores and Asian supermarkets.

However, its claimed effects have not been proven. It can also cause severe allergic reactions in people with asthma or allergies. Indeed, it was found by Coroner Derrick Hand on 27 May 1995

that an eleven year-old girl from Cooma who also suffered from asthma died in 1993 following an allergic reaction to Royal Jelly.

On 11 May 1994 a warning statement in relation to Royal Jelly and the potential effects on people with asthma and allergies was introduced by the Commonwealth National Food Authority. The bottle from which Julie Anne Hardaker took her capsule did not have such a warning.

Julie Anne Hardaker died at Hornsby Hospital on 2 January 1996 at 6.10pm. The forensic pathologist, Dr Bogdan Hulewicz found that the cause of death was acute anaphylaxis secondary to the ingestion of bee extract (Royal Jelly).

At the subsequent inquest five interested parties were represented; the deceased's family, the shop owner and the relevant insurer, the manufacturer and the Nutritional Food's Association of Australia ("NFA"). Evidence was heard from a number of lay and police witnesses, the manufacturer and others involved in the chain of distribution of the product. Evidence was also heard from Dr Baldo, medical researcher at the Kolling

Institute, Royal North Shore Hospital, Dr Loblay, medical practitioner, lecturer in immunology at the University of Sydney, former Director of the Allergy Unit at Royal Prince Alfred Hospital and Director of the Department of Clinical Immunology, Royal Prince Alfred Hospital and Dr Donohoe, general practitioner with experience in the diagnosis and management of allergy. Dr Donohoe, who was called on behalf of the NFA, considered that there were other possible causes of Julie Anne Hardaker's death, including the possibility of a severe allergic reaction to sulphates in sausages that the deceased may have eaten. Dr Loblay and Dr Baldo, called on behalf of the deceased's family, were firmly of the opinion that the Royal Jelly was the cause of death.

The Coroner's ultimate finding found that the cause of Julie Anne Hardaker's death was acute anaphylaxis due to the ingestion of a capsule of Royal Jelly. ■

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More slipping and sliding

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Dr Len Cubitt, a fellow member of the Forensic Engineering Association, made comment on slipping and sliding in the April 1997 issue of *Plaintiff*.

I have also been involved in the investigation of numerous slipping cases and am also critical of Australian Standard AS/NZS 3661.1 1993, *Slip Resistance of Pedestrian Surfaces Part 1, Requirements*.

While this standard was in draft form I commented on the absence of field testing techniques which have been used for a long time. The Standard specifies two testing machines, one for a wet condition and one for a dry condition.

These machines cost tens of thousands of dollars each and are not appropriate for certain testing environments. In particu-

lar, the wet testing machine uses a pendulum which swings a rubber pad across a wet surface at a considerable speed. This machine was initially developed for testing road surfaces. There is some argument about its appropriateness for testing pedestrian surfaces.

The writer considers himself highly knowledgeable on the subject of friction having been involved in gripping and towing kilometres of pipelines and steel cables, as well as measuring the slipperiness of pedestrian surfaces. This subject is complex and cannot be easily described by a single test.

My practice is to use a series of surfaces including different types of footwear to obtain a much more informative description of the frictional performance of

a pedestrian surface. I have also tested with various contaminating materials including foodstuffs and in one case brick-making clay mixed with water and kerosene.

The subject of slipperiness on pedestrian surfaces is complex and the current Australian Standard which I use is the coefficient of friction for sloping surfaces.

It should be understood that (unless specified in legislation) all Australian Standards are guidelines and that ultimately judgement is required in interpreting and implementing these Standards. ■

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