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APPRAISAL OF THE LEGAL ISSUES IN THE USE OF ASSISTED REPRODUCTIVE TECHNIQUES IN NIGERIA

By

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Abstract

Modern medicine has introduced a lot of means to ameliorate human sufferings and struggle. A good example is the Assisted Reproductive Technique or technology (ART). This is the term used to refer to the technological infertility treatment option. The ART option is not without its legal issues or challenges especially in Nigeria where it is claimed that there is no law regulating the use of ART. There are different types of ART which includes Surrogate Motherhood, In Vitro Fertilization (IVF) and Artificial Insemination (A1), Gamete Intra Fallopian Transfer(GIFT) among others. These have brought a lot of relief to the treatment of infertility in Nigeria and it is important to note that whichever option the couple decides to use, egg or sperm of either or both of the couples or of a donor as the case may be is needed to carry out the ART procedure. Despite the fact that Children born through ART especially IVF are referred to as test tube babies, which is against the Constitutional provision in section 42, a lot of couples have used this means to get healthy children. Hospitals have continued to use it to treat infertility despite its prohibition in the National Health Act 2014. Little wonder why the 2017 amendment of this Act could not pass its second reading till date. The crux of this work discusses the legal issues of the use of ART in Nigeria including the paternity question and the right of surrogate mother or Artificial Insemination donor among others. Also, the need to regulate the growing practice of ART in Nigeria.

1.0. INTRODUCTION

In an average African society especially in Nigeria, the issue of bearing children is seen as a mandatory and non- negotiable fruit of every marriage hence it is taken with so much desperation by the couples involved, their family memb ers or people within their community. The routine questions newly wedded couples grapple with during exchange of pleasantries are: is your wife expecting? How many children do you have now? Even on wedding day, a 9 months' target is given to the couples for child naming ceremony, recourse not given to their private life or personal choices; these amongst others explain the level of desperation for children among couples.

In order to provide solution to the desperate need for children, scientific and technological options have been innovated and more will be innovated to carter for the human need for children through the use of technology or Assisted Reproductive Techniques. Assisted Reproductive Technique (ART) is typically an option for people for whom other infertility treatments may not work or those who have already tried treatment but have not become pregnant.[1] Infertility is a source of concern socially, culturally and psychologically to both the husband and wife. One in six couples of any society remains infertile and 10% of them need the help of ART[2]. The historical global need for ART was estimated to be at least 1500 cycles/million population per year[3].

The current prevalence of infertility lasting for at least 2 months is estimated to affect between 8-12% worldwide of women aged 20-44. 20-30% of infertility cases are explained by physiological causes in men. 20-35% by physiological

[1] *Amanda Kallen and Kathleen Davies "Assisted Reproductive Technology: Definition, types and ethics", <https.//www.medicalnewstoday.com/articles/assisted-reproductive-technology-technology#definition. Accessed 11/06/2024*
[2] *European society for Human Reproduction and embryology, "Factsheets and infographics"(pdf). <https//www.eshre.eu/Europe/factsheets-and-infographics.n accessed 11/06/24*
[3] *ibid*

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causes in women, and 25-40% of cases are because of a problem in both partners. In 10-20% no cause is found. Infertility is also associated with lifestyle factors such as smoking, body weight and stress. Increasing age in the female partner is one of the most common explanations today. Most ART treatment take place in women aged 30 and 39.[4] These therefore inform the growing need for artificial or assisted reproduction technique across the world.

1.1. DEFINITIONS AND CONCEPTS

Assisted Reproductive Technique

In 1932, Aldous Huxley in his book, The Brave New world[5] said, "God is not compatible with Machinery and scientific medicine and universal happiness. You must make your choice. Our civilisation has chosen machinery, medicine and happiness"[6]. Indeed, the impact of technology is gradually taking over human activities across the world including in reproductive health.

Assisted reproductive technology (ART) refers to fertility treatments and procedures that can help with difficulties or an inability to conceive children. ART Techniques involve manipulation of eggs, sperm or embryos to increase the likelihood of a successful pregnancy[7]. Assisted or Artificial Reproductive Technique (ART) encompasses a wide range of techniques designed primarily to aid couples who are unable to conceive naturally without medical assistance[8]. ART is therefore an artificial scheme or the use of technology to cause pregnancy through a combination of the reproductive cells - Sperm in male and egg in female to form an embryo. ART is simply referred to as the medical procedure that aim to achieve pregnancy.

The primary use of ART is to address infertility problem but some use it for genetic purpose or to avoid pregnancy complication. It is worthy of note that ART options for the treatment of infertility are very expensive hence very few can access the ART treatment especially in Nigeria.

1.2. TYPES OF ART

There are different types of ART procedures, each depends on the one recommended by a doctor as most suitable, it can also depend on the choice of the couple or on the type the couple can afford. They include:

1. In Vitro Fertilization (IVF)
2. Gamete Intra Fallopian Transfer (GIFT)
3. Surrogate Motherhood (SM)
4. Zygote Intra Fallopian Transfer (ZIFT)
5. Artificial Insemination(AI)

(i) In Vitro Fertilization (IVF)

IVF is usually employed if there is a blockage of the woman's fallopian tube. It is a medical process, which involves the implantation of an embryo in the woman womb[9] after the doctors extract the eggs and fertilize them with the male sperm in a special lab - in vitro fertilization.

The fertilized eggs are placed in the woman's womb where it grows into foetus and later a baby.[10] It can sometimes be allowed to grow in a tube instead of the woman's womb. The egg that is fertilized becomes an embryo and it is transferred back to the woman's womb. The procedure is referred to as IVF – ET – meaning IVF Embryo Transfer. The baby is called Test Tube baby. In 1983 Lousie Brown in England, born in 1978 is acclaimed the first test tube baby in the world[11]. In Nigeria, the first test tube baby was delivered in 1989 through the works of Prof. Oladapo Ashiru and Giwa Osagie. This was after a research work carried out by Prof. Oladapo Ashiru and his post graduate Student, Dr Akin Abisogun which research was successfully conducted on a rat. IVF technique is fast growing in Nigeria and the world at large. IVF accounts for millions of births worldwide and 1-36 of all births every year in the US and Europe.[12] IVF procedure underscores the imperative of technology in providing solutions to issues of infertility and procreation.

(ii) Gamete Intra Fallopian Transfer (GIFT)

GIFT closely resembles IVF in many respects, the difference is that under GIFT, fertilization takes place in the woman's fallopian tube and not in a special lab or tube as it is the case under IVF procedure. GIFT involves mixing an egg or eggs from the ovaries with sperm and placing the egg back into the recipient woman's fallopian tube immediately so that fertilization takes place in the body rather than in a Petridis.[13] The Disadvantage of GIFT is the inability to monitor or correct any abnormality during fertilization in the woman's body. The procedure accounts for 13.5 of all assisted reproductive techniques but its popularity varies.

(iii) Zygote Intra Fallopian Transfer (ZIFT)

This is an assisted reproductive procedure that is similar to IVF and Embryo Transfer. The difference being that the fertilized embryo is transferred into the fallopian tube instead of the uterus. This procedure can be more successful than GIFT because the physician has a greater chance of ensuring that the egg is fertilized. The woman must have functional

[4] *Ibid at page 1*
[5] *Aldous Huxley, 'Top 25 Brave New World Technology Quotes <http//www.azquotes.com/quotes/topics/brave-new-world-technology.html> Accessed 22/07/24*
[6] *ibid*
[7] *<7=Kallen and Davies, at page 1*
[8] *Enoch I. Otor, "Synopsis of Medical Law" (Andex Press & Allied Services Ltd. Jos) P.138*
[9] *Festus O. Emiri, "Medical Law and Ethics in Nigeria" (Malthouse Press Ltd, 2012) p.72*
[10] *ibid*
[11] *Steptoe PC and Edward RG, 'Birth After Reimplantation of a Human Embryo (The Lancet 1978) <https://pubmed.ncbi.nlm.noh.gov/79723/. Accessed 22/07/24*
[12] *Anjani Chandra et al 'Infertility Service Use in the United States: Data from the National Survey of Family Growth, 1982 – 2010 <https://pubmed.ncbi.nlm.nih.gov/24467919/Accessed 22/07/2024*
[13] *Emiri, (n.5) p.65*

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fallopian tubes for ZIFT to work[14]. ZIFT uses IVF methods; the fertilized eggs (Zygote) are returned to the Fallopian tube through laparoscopic surgery.

(iv) Surrogacy/Surrogate Motherhood (SM)

Surrogate Motherhood is a process wherein a woman and her husband enter into a contractual arrangement with another woman by which she permits that the other woman be implanted artificially with her husband's semen with a view to carrying the resulting pregnancy to term for them[15]. In some instances, the eggs are fertilized in vitro and implanted in the surrogate mother who gives her womb to be used for hiring until the child is born. Immediately the child is born, it would be handed over to the couple.

The surrogacy practice has been as old as the Abrahamic[16] period when Sarai could not give birth, she suggested to her husband Abraham to have sexual intercourse with Hagar, their Egyptian slave girl who will help them bear a child and perhaps "build a family through her." [17]The practice of surrogacy is usually aimed at preserving the family lineage of the husband whose wife cannot give birth due to infertility or other causes. In the Jewish tradition, if a man dies without a child, his wife, the widow will not marry outside the family; she is expected to marry her husband's brother and the first child she has with her husband's brother (her brother – in law) will be named after her late husband.[18] This practice is described as surrogate fatherhood[19] but this challenges the patrilineal nature of families in Nigeria and most countries/ cultures of the world.

Surrogacy can be done in two ways Viz:

i. The infertile couple arrange for a surrogate to carry pregnancy for them through implantation of the husband semen in the surrogate mother. Here, the surrogate mother donates her egg for fertilisation, thus she shares the same DNA with the child. This is known as Traditional surrogacy.

ii. The Gestational surrogacy entails where the Embryo created from the couple's gamete is implanted in the surrogate mother. This is also referred to as worm leasing. Here, the DNA of the child matches the parents or the donors.

SM is used for different reasons which ranges from infertility caused by damaged uterus or where pregnancy may result in extreme abnormal behaviour in the woman, or excessive miscarriage or even for convenience of the woman who may not want to carry pregnancy because of her status or for comfort or other personal reasons.

(v) Artificial Insemination (AI)

In Artificial Insemination (AI) a doctor inserts sperm directly into a fallopian tube, a woman's cervix or uterus. The most common method is called "Intrauterine insemination" (IUI)" when a doctor places sperm in the uterus. The process involves placing sperm into the female reproductive tract for the purpose of implanting her without resort to sexual intercourse. Simply put, artificial insemination (AI) is the deposit of semen in the vagina, the cervical canal, or the uterus of a woman by instrument to bring about pregnancy without physical intercourse.[20]

The sperm used could be from the husband, in which case it is referred to as, Artificial Insemination Husband (AIH), or from a donor who is referred to as Artificial Insemination Donor (AID). The first external fertilization was noted in 1879, using a rabbit. The first external human fertilization occurred in 1968. After fertilization, the fertilized embryo is re-implanted into the recipient's womb and the egg being the process of cell division[21]. In some instance, the doctor may mix the semen of the (infertile) husband and that of the donor so that the husband feels it is his sperm that fertilized the egg.

These Assisted/Artificial processes come with a lot of legal, moral and religious implications which are discussed hereunder.

2.1 ART AND THE MORAL AND RELIGIOUS ETHICS:

The concept of ART raises a number of questions relating to morality, religion and ethical issues. ART has altered the natural law idea of reproduction through sexual intercourse. The concept of reproduction without coitus has generated a lot of controversy in religious cycles. The stance of the Catholic Church is based on the status of the embryo as a person right from conception while the Protestant Movement has a gradualist view of personhood. The Sunni and the Shia Islamic sects are in support of assisted reproduction in general with difference of opinion on issues such as third-party gamete donation[22]. Life depends on the presence of DNA and its family of genes for reproductive process, it requires sexual intercourse between two parents of different sex even the recent use of technology requires two sexes for procreation to be achieved.

2.1.1. OTHER RELIGIOUS AND MORAL ISSUES THAT CAN BE RAISED ARE:

- Whether monetary consideration should govern/determine reproduction of human beings?

[14] *<https://americanpregnancy.org/getting.pregnant/infertlity/zygote-intra-fallopian-transfer>Accessed 22/07/24*
[15] *Emiri (n5) P.79*
[16] *The Holy Bible, Genesis chapter 16*
[17] *Ibid v. 26*
[18] *Ibid, Deuteronomy, 25:5 – 6*
[19] *Ibid at page 4*
[20] *Ibid. at page 5*
[21] *Ibid P. 5*
[22] *Joseph O. Fadare and Adebayo A. Adeniyi 'Ethnical Issues in Newer Assisted Reproductive Technologies: A view from Nigeria' <https://www.researchgate.net/publication/285543737>Accessed 21/07/24*

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- ❖ Does the practice of Artificial Insemination Donor (AID) not amount to extramarital affairs or adultery?

Where is the sanctity of marriage? is the Vatican opposed to practices of IVF, AID, surrogate motherhood, embryo freezing and AIH when semen is collected through masturbation[23]. The Vatican radio in 1982 condemned IVF as a venture into the realm of immorality.[24]These scientific techniques in procreation pose a lot of issues relating to the nature of reproduction in humans by violating the order of nature. Aside IVF and AID, the other types of ART seem to be accepted by the Christian faith.

Some of the ethical issues in ART are:

- Discrimination against children born through ART
- Ethical issues relating to surrogacy, sex selection and gamete donation
- Stigmatization and identity of the child born through ART and his right to know his origin – genetic parents.
- Psychological problem for the children
- Cost of the procedure/ lack of access for majority of people that need the services (Equitable access).
- Issues regarding to treatment of embryo
- Need for regulation of ART to curtail abuse
- There should be informed consent before using donor egg/semen
- Issues relating to treating of single/unmarried women
- Status of babies delivered through IVF
- Issues relating to non-coital parenthood
- Issues relating to natural procreation[25]
- Inadequate counselling of IVF patients on the procedures especially the success and failure rate
- Use of donor gamete without reporting to the couple
- Exploitation of gamete donors
- Discharging excessive embryo[26]

3.1 LEGAL ISSUES IN ASSISTED REPRODUCTIVE TECHNIQUES (ART) IN NIGERIA

The first and major legal issue in the practice of ARTs in Nigeria is the absence of a Legal frame work to regulate the use of these techniques despite the proliferation of IVF centres or practice of surrogacy in almost every state in Nigeria and growing number of baby factories across the country. The implication is that quacks will have a free for all atmosphere to carry out their trade unhindered. Though the bill to regulate the practice of ART has been in the senate and passed second reading on 25th October, 2017 it is yet to be passed in both houses of the National Assembly or sent to the president for assent.

The Medical and Dental Council of Nigeria (MDCN) is the body currently monitoring its member as there is yet no monitoring body or law by either the State or Federal Government[27]. The Failure of passing the ART bill may not be unconnected with the religious nature of Nigeria looking at the moral and religious debates in the issues of ART across divides. Perhaps, until the ART procedure is abused where one person donates semen or gives birth to numerous children that raises paternity question then the issue will be hurriedly and retroactively dealt with; this is more so that there is so much poverty in the country, infertility treatment is becoming highly competitive and with under – regulated donation of reproductive facilities is fast becoming a lucrative commercial venture that requires little or no stress.

The only instruments that can be referred to in issues of ART in Nigeria are International Conventions and treaties that Nigeria is a signatory to, if they apply to ART[28]. Example of these International Instrument are: the convention on the **Elimination of All forms of Discrimination Against Women (CEDAW)** which provides that states should take steps to ensure elimination of all forms of discrimination against women and to ensure equal access for all women to high quality and affordable health care including reproductive health services.

The **United Nations International Conference on Population Development (ICPD)** noted the reproductive health care should promote sexual health in order to enhance life and personal relations. The **1995 Beijing world Women Conference** further recognised Women's right to control their own sexual relations and to decide on these matters on an equal basis with men.[29] The United Nations Fourth World Conference on Women[30] discussed issues relating to the right of women on matters relating to reproductive system and to its functions and processes, freedom to decide if, when and how to reproduce, family planning methods, as well as other methods of their choice of regulation of infertility which are not against the law and to provide best chance of having a healthy infant. It also includes the right of couple to choose their reproductive method free of discrimination, coercion or violence as expressed in human right document[31]

In a dramatic turn, section 10 of the National Health Act[32]outrightly prohibits Assisted Reproductive Technology in Nigeria. It provides this;

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[23] *Arthur L. Greil 'The religious Response to Reproductive Technology' <https://www.religion-online.org/articicle/th-religious-response-to-reproductive-technology/> Accessed 27/07/24*

[24] *(1921) 58 DCLR 57*

[25] *Ibid*

[26] *Patrick I.O Okontaet'al' Ethical issues in the practice of Assisted reproductive Technologies in Nigeria. Empirical data from fertility partitions' .<https://www.Tsor.org/stable/26529640?seq=1> Accessed 21/07/24*

[27] *Otor, (n4) P.157*

[28] *Ibid at page 9*

[29] *Ibid at page 9*

[30] *< https://www.un.org/womenwatch/daw/beigjing/platform/healt h.Htm> Accessed 22/07/24*

[31] *ibid*

[32] *National Health Act CAP N42 LFN 2014*

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1. A person shall not;
   a. Manipulate any genetic material including genetic material of human gametes, Zygote or embryos or
   b. Engage in any activity including nuclear transfer of embryo splitting for the purpose of cloning a human being
   c. Import or export human zygote or embryos

It went further to award punishment for anyone who contravenes these provisions with imprisonment for a term of five years without option of fine.

The National Assembly in 2016 attempted to amend the NHA to accommodate the practice of ART but it failed because majority did not support the move.[33] Recommendations were made by the Nigerian Law Reform Commission as to the practice of surrogacy[34] but no law has yet been passed to regulate surrogacy in Nigeria even though it is practiced all over the country. It is worthy of note that the major ART processes that raises so much legal issues are the AID, AI and surrogacy.

Interestingly, whatever is the circumstances of the birth of an individual the Constitution of the Federal Republic of Nigeria 1999 being the *grundnorm* prohibits all forms of discriminations against any citizen based on the circumstance of his/her birth[35]. The Constitution of the Federal Republic of Nigeria (CFRN) 1999 provides for the right to life and the sanctity of life;[36] but it did not state how the life will come about. **Section 25 CFRN 1999** however conferred citizenship by birth to "every person BORN in Nigeria [37] the issue and or nature of conception is not mentioned. However, individual citizens have: right to personal liberty,[38] Right to private and family life,[39] and Right to freedom of thought conscience and religion,[40] all guaranteed as the fundamental right of all citizens of Nigeria.

It is therefore safe to say that the type of birth envisaged is the birth through the natural process of consummation as a fruit of cohabitation between a husband and his wife; this is more so that **Section 6 of the Criminal Code** defines **"unlawful carnal knowledge" t**o mean "carnal connection which takes place otherwise than between husband and wife".[41]Since there is no law that regulates the number of children per family in Nigeria, a couple can based on their conscience or religious beliefs decide the nature of family size they want as a constitutional or natural right. A pertinent question in this regard is, what if a doctor fertilizes more than one egg that leads to multiple births? Will the doctor be liable for breach of medical ethics? Or would the consent of the commissioning couple exonerate him?

Whatever type of ART a couple adopts especially in a developing country like Nigeria, the children are susceptible to stigmatization. Just as most children born out of wedlock, and the couple are susceptible to stigmatization. It is therefore pertinent to reiterate that the constitution prohibits discrimination based on the circumstances of one's birth[42].

The absence of a law to regulate, ART in Nigeria raises numerous questions and is susceptible to abuses. For instance: What is the Place of Marriage as defined by Lord Penzance in **Hyde V. Hyde?[43]** What if the donor (AID) is not a Nigerian, can the child born be a citizen of Nigeria by birth? Or perhaps, what is/are the relationship(s) that exist between the donor and the child? What is the legal relationship between the donor and the woman? Can the donor claim paternity of the child more so that a family is determined by the man (patrilineal). Does payment of consideration to the surrogate mother absolve her of blood relationship with the child? What is the place of DNA and the place of family life or human existence? What are the rights and or legitimacy of children born from frozen embryo or semen after the death of their husband? Can such children inherit? What is the place of consent? Our criminal law punishes non consensual sexual relationship which basically determines rape[44]. How will the law regulate abuses for substitution of responsibility of child bearing even by healthy females (Surrogate for convenience)? What of exploitation of surrogate mothers? These and many more raises legal concerns especially in Nigeria where everything is susceptible to abuse.

There are plethora of cases with regard to the status of the child with different decisions, but the decision in GURSKY V. GURSKY[45] is apt that a child born through AID is a legitimate child but if done without the husband's consent, he can sue the doctor for damages or have it as a ground for divorce. The issue of consent before the ART procedure is taken seriously especially in the UK under the Human fertilization and Embryology Act (HFEA) 1990. In **R V. Human Fertilization and Embryology Authority, Exparte Blood[46]** Dane blood and her husband wanted to have a baby at a certain time but before the planned date her husband was diagnosed of meningitis. After, the husband relapsed into unconsciousness, it was decided that his sperm sample be taken and stored with the fertility research trust for storage with a view that his wife can be impregnated subsequently, but the husband later died without regaining consciousness. Dane Blood wanted to use the sperm or in the alternative transport it outside the UK to another European Country where she can use it without violating any law. Since consent is mandatory in the UK. The sperm could not be used contrary

[33] *Otor, (n.4) P.133*
[34] *Ibid at page 11*
[35] *Section 42 (2) Constitution of the Federal Republic of Nigeria (CFRN)1999*
[36] *Section 33 CFRN 1999*
[37] *Section 25 CFRN, 1999*
[38] *Section 35 CFRN 1999*
[39] *Section 37 CFRN, 1999*
[40] *Section 38CFRN 1999*
[41] *The Criminal Code Act CAP C38 LFN 2004*
[42] *CFRN, section 42 (2)*
[43] *(1866) 114 LT 188*
[44] *Section 357 criminal code Act CAP C38 LFN 2004*
[45] *2003-ohio-5697*
[46] *(1997)2 ALL ER 687*

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to the law. The treatment outside the UK was rejected as the Act did not envisage the export of sperm outside the UK.

Nigeria being a religious country of different faith and denominations will definitely have a lot of religious arguments to contend with. If the law on ART is to be enacted, it will certainly be shaped by the different religious beliefs. Perhaps this may inform the delay in the passage of the ART bill into law.

Medical science is rapidly changing to accommodate the worlds' views of sexuality[47]hence Nigeria should enact a law that will clearly define and regulate the practice of ART.

4.1 Challenges

The challenges of ART in Nigeria are not exhaustive but few among them include:

- The absence of legislation to regulate the practice of ART is the major challenge and as section 10 of NHA 2014 seems not to be comprehensive enough, there is need for new laws that will define unequivocally what constitutes breach and offence.
- Lack of record keeping of donor in most of the Hospitals/centres can lead to lack of traces of who donors are.
- High Cost of accessing ART treatment is another challenge.
- There is increase in orphanages taking into cognizance the right of single ladies to use AID or ART generally.
- Lack of licensing of donor and the question of paternity of the child
- Illiteracy will lead to its abuse in Nigeria.
- Poverty will hinder most couples from accessing ART procedure.
- The debate on whether or not the foetus is a property or a person also affects the right of the child.
- It is susceptible to manipulations.

4.2 PROSPECTS

- The ART bill should be passed into law to regulate ART practice in Nigeria including right of parties
- Only married and an infertile couple should be allowed by law to benefit from ART.
- To avoid paternity issues, the law should provide for adoption of the child born by the surrogate arrangement.
- Government should provide the required equipment for IVF treatment at a subsidized rate.

Donors should be licensed with restriction/regulation on number of donations to a specific number of couples in a year or in a lifetime.

4.3. CONCLUSION

Since it is now possible for a husband to impregnate his wife through AI it has been suggested by some experts that the hitherto procreative rule that there can be no babies without sex is no longer true. A sterile woman can now have a baby by surrogate. She can even enter an agreement for her husband's semen to be deposited with another woman who will bear the baby for her. If her fallopian tube is bad, she can ask the medical doctor to remove an ovum from her which her husband or donor could fertilize. The fertilized egg can then be inserted in her womb or that of another woman through surrogate arrangement.[48] It is not an overstatement to say that Artificial Reproductive technology has brought a lot of relief to couples in Nigeria, still it is susceptible to abuse if there are no laws that guide its operations. Thus, it is our view that since the 2017 NHA amendment could not pass the second reading, the National Health Act of 2014 should be used especially as provided in section 10 of the Act. Thus, instead of an incessant claim of the dearth of law, this law can be used to regulate the activities of hospitals and health providers so as to regulate their activities to avoid manipulations and abuse. While we await further and better laws in this realm.

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[47]*Emiri, (n. 9) p.45*

[48]*Emiri, (n 4) P.67*

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13. Gusky v Gusky and Embryology Authority, Exparte Blood 23 US Law week, 2308 (1954).

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