for more than fifty years held a leading position and took an active part in the public life of Whitehaven. Dr. l'Anson was a man of great culture, and kept up the knowledge of French literature which he had gained in his student days. He was the founder of the Whitehaven Scientific Association and of the West Cumberland Medical Society. For some years he represented this Branch on the Council of the Association, and he was President of the Ethical Section at the Carlisle meeting.

It would have been an easy matter to have extended this list of medical worthies, but I have, I think, said enough to show you that the medical profession in Cumberland inherits traditions of which any county may well feel proud. I have told you of men who have distinguished themselves by their original discoveries and investigations and by their devotion to their country's service. Each one of us may learn something from their example. In the Divisional and Branch meetings there are opportunities for each one of us to make known to our brethren the results of original investigations or individual experience. But the Association has other advantages.

It is doing a great work for the profession and for the State by encouraging investigations into the cause and prevention of diseases. Its object is not merely to promote medical science, but to promote and maintain the honour and interests of the profession. This can be done speedily and effectively if we are united. We are powerless if our efforts be isolated; we must consolidate and utilize our influence if we are to produce any effect upon the public and upon the Legislature. The recent change in the constitution of the Association has already had the effect of attracting members who previously held aloof; but in the area of this Branch we only number 55 per cent. of the profession, whereas when the Branch was only three years old it numbered 63 per cent. I would therefore earnestly impress upon those who have not already joined that they are incurring a serious responsibility in not aiding in a great work.

It cannot be denied that the advancement of medical science tends to the good of the general community. A great Roman orator has wisely said that "man never so nearly approaches the character of the divine as when giving health to men." Let each one of us, therefore, do what he can. My great object has been to show you that in the life-work of those who have preceded us in this county there has been much to encourage and stimulate us. The golden words of Hippocrates should always be in our minds: "Life is short and the art long, the occasion fleeting." Let us work, therefore, while we can, for it is assuredly true that "the night cometh when no man can work."

An Address

ON

ERGOPHOBIA.*

By W. D. SPANTON, F.R.C.S.,

Consulting Surgeon, North Staffordshire Infirmary.

THE Workmen's Compensation Act was designed to protect the working man who, in the course of his legitimate work, meets with an injury which incapacitates him from working, temporarily or permanently. Before this Act was passed most men worthy of the name made some effort to provide for themselves and for their families by some sort of self-denial or thrift. And a very useful stimulus was afforded by the fact that loss of work usually meant loss of bread and butter, except so far as he might have made some provision by joining a Friendly Society of some sort.

The working man had then no sufficient motive to do other than work—if not at what he had been accustomed to, at least some other work. But since the introduction of this beneficent piece of legislation quite a new factor has arisen. The average working man has discovered that our grandmotherly Government has now undertaken not only to provide him with free education, freedom from Imperial taxes, cheap food and clothing, free libraries and means of recreation in the way of parks and gardens and so on, but has undertaken to make the employer liable to maintain his workmen when unable or, as

* Delivered before the Staffordshire Branch of the British Medical Association.

I intend to show, unwilling to work. He has discovered that it often pays better to idle and loaf about than to work, and the consequence is that a new disease has been engendered, which I have termed "ergophobia."

Every one who has watched the working of the Workmen's Compensation Act must have observed what I am about to describe. In making these remarks it is distinctly to be understood that I am not speaking of true workers; for them, especially when disabled, we all, I am sure, entertain respect. But there are others, unfortunately, who bring discredit on their fellows, who become the victims of this new disease, and who will eventually, if permitted to develop and increase, prove a curse to the community at large. They are in fact as obnoxious as if they were lepers.

You meet with a case of this kind. A man or a boy in the course of his employment—whether rightly or wrongly need not concern us medically—receives a trivial injury, such as a crushed finger. Suppose he is a collier, that is, not a skilled mechanic. He gets his finger treated, and at the end of many weeks it is stiff, perhaps permanently flexed or extended. It in no way prevents him from doing his work, but he thinks it does. You test him carefully, see him at the work, and you find he can do it perfectly well. Taking his own view that the stiff joint is in his way, you suggest removal as a safe and certain way out of the difficulty. The man objects—refuses any treatment to remedy it—and if any surgeon has the temerity to go into the court and tell the judge this is the best thing for the man, he meets with ridicule, or worse. You explain that the man or boy is perfectly well able to do other work which is offered to him, but he will not. Who is to compel him? Nobody, so far as I make out. Then what happens? He finds himself quite happy in the possession of half his former wages—he can go to football matches, loaf about, manage to live, and does not care. He by degrees finds this existence so pleasant that he comes to dislike work—he becomes afflicted, in other words, with the new disease, ergophobia.

I ought to explain the word, perhaps, as being taken from *ergon* (work) and *phobos* (aversion), and it will one day rank with hydrophobia and other phobias, no doubt. One is disposed to place it among the epidemic diseases, for it is surprising to find how it spreads among certain communities. And, inasmuch as it has been found necessary to legislate for such affections to protect the public, so it may be needful for the State to provide a remedy for the new state of things.

Apart altogether from the question of compensation pure and simple, it is a very serious matter if the State should encourage the idea among any class, more especially working men, that labour is whenever possible to be shirked. Where would a professional man be who became so afflicted? He would become very soon a burden to the ratepayers, and a curse to himself. Luckily for him he cannot afford to do anything of the kind, and it ought to be made impossible for others also to live a willing loafing life.

This is a question which has been considered by some of those well qualified to speak, such as Mr. W. Crooks, M.P., who told the House of Commons that he had the utmost contempt for the man who was "born tired," and the man who could never get enough rest. He told the story of a man who went to the foreman and asked for a job. The foreman said they had hardly enough to keep the men going. "That don't matter, guv'nor," replied the man, "anything I do won't make much difference." Then there was the man who was called by his wife at 6 a.m. "Is it raining?" he would call out. "No," the wife replied. "Is there not a drop of rain?" "No." "Does it look like rain?" "No." And the sluggish murmured "I wish it was Sunday."

Such men as Mr. Crooks are, no doubt, those best able to suggest a remedy; but so long as the tyrannical power of the trades unions is permitted to be exercised over their members little good can be done. It is within the knowledge of many of you, as of myself, that instances constantly occur where a disabled man is not permitted (or, in other words, is forbidden) to take up any kind of work other than that to which he was previously accustomed; nor, under this rule of oppression, is a fellow-workman allowed to lend a helping hand by exchanging some of his work which the injured man could easily do for that of the latter which some trivial injury prevents his doing. The master and the ratepayers must bear the whole burden, because, perhaps, the man in question has a crooked finger or a twisted toe.

Then another point arises. I am assuming, for the sake of argument, a trivial injury, because it is the most common cause of ergophobia. This may be lifelong; and, under

existing conditions, the employer may be held liable to pay such a man half-wages for the term of his natural life. It seems to me that we shall see, in the not distant future, a repetition of the old practice of self-mutilation to prevent enlistment. It is the next step, and who is to prove that the injury was not inflicted according to law? There is far too much sentiment mixed up with this subject. A man or a boy thinks he has been very badly used because some machinery gave way. It was the master's fault, of course. Another careless one gets his finger caught in a saw while turning round to talk to some one or look about him. Again, there is a grievance against the employer, and this sense of resentment is an important factor afterwards in endeavouring to come to an amicable settlement in the matter of compensation and arrangement for future work. It may seem natural, but is entirely unreasonable.

The Workmen's Compensation Act was never intended to do more than protect workmen in their legitimate employment; it was not meant to engender careless habits and a spirit of recklessness on the part of the worker, knowing that if he got hurt, he would still have enough wages to keep him going. In plain English, there is a lack of honesty about the thing; the offer made on behalf of the employer to effect a settlement is often ludicrously disproportionate to the injury; and the "tall" notions of the worker, sometimes prompted by those who ought to know better, render any just settlement impossible.

The Friendly Societies are beginning to discover that the Workmen's Compensation Act is likely to prove a serious drain on their resources. Formerly, according to one authority, men who met with slight accidents, soon resumed work, but now they must stay at home until thoroughly recovered, proving a serious matter for their funds. Men are found to be coming on the sick funds because nobody would employ them, and no doubt compensation of half-wages and the club pay suited many of them far better than work. If this should lead to more rigid investigation on the part of the Friendly Societies, irrespective of what transpires in the Law Courts, some good may result no doubt.

It is more often on questions of medical or surgical injury that a wide divergence of opinion arises, and I cannot help thinking that, in such cases, a conference between the medical man on each side in conjunction with the respective solicitors, would result in a more equitable and sensible conclusion than is usually arrived at in the Law Courts. That is, however, a counsel of perfection which we are not likely to see just yet.

As for the medical referees appointed under the Workmen's Compensation Act, so far as I am concerned, I have never yet been called upon to act. Possibly an alteration in the Act to give power to the employer, as well as to the workman, to refer a dispute to the medical referee, would go far towards remedying the present state of things. But even then, I am not sure that beyond settling the point of the extent of the injury and its future consequences, much good would result. For it would still be left to the judge to make any award he thinks fit—and this would probably be done very much as it is now—more in accordance with the man's own statement and the judge's predilections, than with a view to cure him of his ergophobia.

There is only one remedy for it. If suitable work is found for any one which the medical evidence proves he can do quite well, his pay ought to be decided and finally stopped.

Now for a few words respecting the accidents which most commonly lead to what I have described.

If we take as example of workmen, cabmen, and others who do not belong to trade unions, and who honestly strive to work for a living, what do we find? It is a common sight to see a cabman with one arm doing his work as well as a man who has both; or another who has lost a leg, and with his wooden peg mounts his cab and is almost as active as any other cabman; another who, with his artificial arm, can do all the heavy work of a railway out-door porter; a clerk who has lost the use of the fingers of his right hand, and learns to use his left as efficiently as he previously used his right. It is affirmed that 90 per cent. of the railway flagmen in the United States are one-legged men; and that a similar proportion of the men who sweep out the curves on street railway lines are also one-legged men. I need not multiply such instances, they are sufficiently familiar to us all, but mostly, I ought to add, among the older men, and those who have not lost all their self-respect in the matter of earning an honest livelihood by some means or other.

If some can do these things, why cannot others? Many

would, no doubt, if they were not compelled or encouraged to do otherwise; and, as the old apostolic doctrine concerning a man who will not work being deprived concurrently of his food seems now a dead letter, the outlook for the future is favourable, I fear, to the further spread of the pestilence I have described.

How is it to be remedied? you will ask. Until our judges take a different view of the position of workmen and until the men themselves adopt a more reasonable attitude I do not see what can be done. Some judges, fortunately, do take a sensible view, as in a case reported about a month ago, where a miner met with an accident, causing an injury to the calf of one leg which totally disabled him for some time. The full amount of compensation was paid up to date. It was alleged, and the medical evidence showed, that if he would undergo a simple operation which was neither difficult nor dangerous to set free the muscles he would be well able to work as before. The judge was asked to decide whether the man should not submit himself to this operation before being entitled to what would be in effect a lifelong annuity. His Honour held that the man's condition had improved and that he was capable of doing some work.

The respondent must not look on the pay as an annuity; and, if he refused to act on medical advice, he must do so at the risk of having the payment reduced or stopped altogether.

Such a decision as this seems as sensible as it is exceptional.

What, however, concerns us most is the question of real and supposed disablement for work. Surgeons take a different view to those who represent the injured workman, and they cannot see in a trivial injury any just cause or impediment why a man should not work. What will probably happen will be before very long that it will become imperative for the employers to have every workman examined before engaging him, and the slightly halt, the one-eyed, the crooked-fingered, and weak-kneed will be rejected. What is to become of all these persons when nobody will have them? Surely such an extreme measure would react far more harshly on the workman than the terrorism of the trades unions does now, and it will in the future be very difficult for any except those able to pass a medical examination to procure work. At present the number of such persons whom the recruiting sergeants would gladly enlist who are found physically unfit, even in the pressure of war time, is sufficiently serious, and they already appear to be on the increase.

Should ergophobia become more general, it is quite clear that the tendency to it will become enhanced in their progeny, and the English race will tend to degenerate from a hard-working, sturdy people, to a pampered and invertebrate one.

Some may think I am speaking rather strongly, but I would remind those that already other nations are discovering the same tendency, and we find in such terms as "work shyness" and "chronic inertia" only ergophobia under other names. It is a fact to be dealt with, not to be ignored. Sentiment is all very well in its proper place; hitherto it has been too much one-sided to have any value in relation to what is after all a matter of bargain between master and man; and the more that is realized the better it will be for the community generally.

Another aspect of the matter, which has a more serious bearing on our profession, is the hostile attitude assumed by some judges with regard to medical evidence. I will quote some cases to prove this. So long as the evidence is in favour of the injured man it is acceptable enough. We find, for example, a professional witness coming forward to swear in the most elaborate and technical manner how one man had his pleura adherent to his heart, which was the chief reason of his disablement! The evidence on the other side, which revealed the absolute absurdity of the plaintiff's witness, was ignored, and a verdict entered for the injured innocent.

Another case is even more glaring. A man is said to have had a strangulated hernia caused by a fall, and an operation was performed for its cure by a hospital surgeon, who allowed the man to go home about a month afterwards, to all intents and purposes well, but weak. Nine months afterwards an action is brought by the man to claim a continuance of his pay under the Workmen's Compensation Act, alleging that he is not fit, and never will be fit, to work again. He had been receiving pay not only from his employers, but also from a relief society until a short time before. This pay had been stopped by that society, on the authority of the surgeon, as he considered the man able to work. At the trial two

medical men were called on the man's behalf—one of whom probably never has operated and never will operate on a case of hernia, who can have no special surgical knowledge of such matters; and the other a young and inexperienced beginner who never held any responsible surgical appointment, and whose opinion on such matters in any medical assembly would be entirely ignored. This is what the first witness deposed, and the second corroborated:

There was an operation scar, and on one side of the lower part of the abdomen was a rigidity of the muscle, although the leg was flexed. It was suggested that the injury produced local peritonitis, which caused adhesions between bowel and bowel, and all this caused the man great pain nine months after the injury, so that he was incapable of doing any kind of work. It was further stated that "the atrophied muscles might wear away if he could use the muscles and keep himself erect."

To me this is slightly ambiguous, but then I am only a surgeon. Then after this we find the evidence of the surgeon who operated, who has had a large experience of such cases of his own, and whose opinion on such matters is authoritative, and he tells the Court that—

He had operated on the man for hernia, and he was in due time discharged as cured. He found recently no reason for the alleged pains; the abdomen was soft, and he had no reason to think there were adhesions or peritonitis. There was a wasting of the muscles from having done no work so long. There was no peritonitis at the time of the operation, and none since.

After hearing both sides, the learned judge (having refused to entertain the idea of a medical assessor or referee) sums the matter up by saying he "preferred" the evidence of the doctors for the plaintiff; he "considered the surgeon for the defendant might have overlooked the peritonitis; it was not his business to find it out," and so on. Surely this is little less than an insult to surgical common sense, and a premium on ignorance. What can be the good of surgical knowledge and experience if it is to be kicked aside by a judge, however eminent, in order to make the case fit in with his own views of it? Unless he happens to have a hernia himself, I do not suppose a judge knows any more about it than the advertisements in the papers describe; and, if he is so innocent as to accept a man's statement as to pain when no physical cause is apparent for it, then it seems to me that every one who gets a headache or a bellyache, or any other ache, provided he has had some previous injury, will always meet with a sympathetic hearing, and we shall proceed by degrees to engender a class of workers more and more effeminate. Perhaps I ought not to use this word "effeminate." It is unfair to women, for they are, as a rule, much more brave than men with regard to physical pain—indeed, I cannot recall the case of a woman whose claim to exemption from her work has rested on the "pain" which men are so fond of trotting out as an excuse for their ergophobia.

Some very pleasing contrasts to the cases I have alluded to sometimes crop up, such as a man aged 56, whom I saw some time ago with a stiff shoulder-joint following dislocation. The arm was useless, but the man took the advice offered him, had the joint freed under an anaesthetic, and began work almost immediately. What would have happened to me if I had ventured to offer such advice in the county court, I leave you to imagine—probably this paper might never have been written.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

A NOTE ON THE ACTION OF PHENOL-PHTHALEIN (DIHYDROXYPHTHALOPHENONE).

THIS synthetic product is the latest addition to the class of hydragogue purgatives, and has been put on the market under various fancy names. It has been widely advertised, and has received some attention in the columns of medical journals, but I do not remember to have seen a single contra-indication to its use mentioned. It has the advantage over the salines that it need not be given fasting, that it is palatable, and if given in a sufficient dose produces one, or at most two, copious fluid motions, generally about four or six hours after being taken. Compared with other hydragogues such as colocynth, it has the advantage that it rarely gripes, and it is not absorbed to any appreciable extent, and may therefore be given to nursing women. I have, however, noticed one great drawback to its use which is the reason for this communication. If given to patients subject to piles a

very few doses will generally provoke an attack, and a single dose often causes some irritation, while if the piles are troublesome at the time of administration they are made much worse, and often bleed freely.

I have given the drug now in a great many cases, and did not at first connect this effect with its action, but further observation has placed it beyond a doubt, and I am now careful to inquire as to the existence of piles or of a predisposition thereto before prescribing it, and I get much more uniformly satisfactory results. It seems probable that the effect is due to an irritant action on the mucous membrane of the rectum, which in ordinary circumstances merely produces a desire for evacuation, but, where the membrane is abnormally sensitive, causes the results I have described. In one case where there were symptoms pointing to an abnormal state of the mucous membrane of the whole of the large bowel but no piles, pain in the region of the sigmoid flexure appeared to follow its administration.

If this one drawback be borne in mind I am of opinion that this new synthetic product will be found a most useful addition to the group of hydragogue cathartics, though other contraindications may yet be found.

It would be of great advantage if medical men using new remedies would carefully note and place on record their drawbacks as well as their merits. Too often the remedy is allowed to drop if found unsatisfactory at first, and the eulogistic circulars of the manufacturing chemist are the only record of its pharmacology, though it must be admitted that perhaps the majority of new drugs which are nowadays produced in such bewildering variety deserve no better fate than to be forgotten, while much of their vogue is undoubtedly due to the defective teaching of the principles of treatment to the senior student, who is thus, in the earlier years of practice at any rate, led to rely on the principles of therapeutics which he gathers from the copious "literature" so generously supplied by the drug companies, which appear to thrive especially in America.

Buxton.

CHARLES W. BUCKLEY, M.D.Lond.

A CASE OF ABSENCE OR RUDIMENTARY CONDITION OF THE UTERUS.

A SINGLE young lady of attractive appearance, aged 22 years, came complaining of never having menstruated. She showed none of the common signs which generally accompany that condition. Of average height and slender build, with plenty of hair, and not obviously anaemic, one had to fall back on "debility" as a possible cause and a temporary diagnosis. She denied morning sickness, and there was no reason to doubt her chastity. She was therefore advised to take plenty of good food, and was put on iron.

After the second or third visit it was suggested that she should be examined, and after some little while had elapsed an examination was made. The abdomen was natural; there was no distension. No pain on pressure was elicited from any part of it.

On vaginal examination the forefinger passed into a passage which was smaller in all proportions than the vagina of a healthy and well-formed virgin usually is. It was narrower and shorter, but took the forefinger easily, and its distal extremity could easily be reached. The cervix uteri was nowhere to be found, nor could one detect by the forefinger any depression, or mark where it should have been. The vagina formed a *cul-de-sac*, the distal end of which was dome-shaped, and the whole organ appeared like the finger of a glove.

On bimanual examination, the bladder being empty and the forefinger still in the vagina, nothing could be made out. The finger was then withdrawn from the vagina and passed into the rectum. In this cavity bimanual examination failed to discover the uterus; the forefinger in the rectum and the left hand on the abdomen could with ease be approximated quite closely, the abdominal wall only intervening. The hypogastric and both iliac regions were investigated in this manner, and by approaching quite closely to the symphysis pubis nothing like the uterus or any other body could be found. I was unable to palpate either ovary.

The vulva was of small size and of infantile proportions. The clitoris was present, though small. Both large and small labia were otherwise natural, as was the hymen. The mons veneris was not well-developed, and was devoid of hair; there were only a very few hairs—about half a dozen—scattered on either side of the vulva.

The breasts were large—larger than generally found in a virgin—pendulous, and appeared to consist mostly of fat. The nipples were ill-developed and small, as were the areolae.