Christian Science, which, whatever may be said against it, is a sign of the times in which we live, and has come to stop.

I have briefly and I fear inadequately outlined our position nowadays as contrasted with that of our forerunners in the last generation. The net result can be tersely summed up thus: Increasing expenses, decreasing incomes. In many cases the causes are unavoidable, the results natural, and the remedies yet to seek. We are powerless against overcrowding in the profession except so far as we can advise our sons not to follow in our steps. We are equally helpless against the prescribing chemist, the compressed drug and the quack medicine. These simply represent demand and supply.

As regards the treatment meted out to us by private patients and public bodies, we can, I think, do something. That something lies in the direction of an altered relationship between the members of the profession from top to bottom, whether consultants, specialists, or general practitioners. We talk glibly of the golden rule; how often do we act upon it? Is it not sometimes a case of, "Do unto others as you *think* they would do unto you, but do it first"? We are sometimes lacking in a spirit of loyalty to each other. It is the fashion in the pulpit, on the platform, and in the press to speak of "the noble profession of medicine." At the same time I am bound to say that the treatment sometimes meted out to us would be tolerated by no other profession. And I am also bound to say that in a great measure the fault is ours. I give an instance that came under my notice a short time ago. A colleague of mine, in order to hasten an undoubted but tedious convalescence, sent a patient to a well-known spa to complete the cure, directing him to put himself in touch with one of the medical men there. In due course the patient returned home cured, and informed his acquaintances far and near, on the strength of the doctor's statement, that my friend's diagnosis had been entirely wrong, his treatment equally at fault. Now even if this statement were true, which it certainly was not, it was an act of disloyalty towards a professional brother, and injurious to the reputation of a man who, to put the case in its most sordid light, had put indirectly a substantial fee into the other's pocket. Now this I mention as an illustration of what ought not to be, and I fear others can out of the treasure house of their experience give parallel instances of disloyalty. I have alluded to the tendency people have to play us off one against the other to their own advantage. It is cases like this that lead them to think they can do so with impunity, and enables them so to do.

By the universal consensus of public opinion ours is deemed—and we believe rightly—a noble profession. The term connotes our attitude to suffering humanity; let us see to it that it also defines our relation to each other. From the moment that absolute loyalty and confidence become the guiding motive in our dealings with our professional brothers, our position is assured.

Why does it so often happen that those professional colleagues with whom we are on the most friendly and intimate terms are to be found outside the ten-mile radius?

Professions, like individuals, are taken at their own valuation, and once prove to the world that any injustice in word or act inflicted on an individual will meet with no favour from his colleagues, then, and only then, shall our profession have arrived at the true measure of its nobility.

The moral of all this is the need for hearty and unselfish co-operation and combination within our ranks as being the only way of successfully confronting the numerous forces attacking us from without. It is useless for a few to make a stand against encroachment on our right to a place in the sun at the hands of private patients and public bodies, if within our ranks are to be found those who are willing to accept what others with the true interests of the profession at heart indignantly reject. It is no use presenting a bold front to the common foe if you know that you will probably be stabbed in the back by a so-called friend.

We must live, and, when all is said, the labourer is worthy of his hire. Surely, therefore, in the common interest it should be possible, say, for neighbouring colleagues to put a stop to underselling, by mutually agreeing on a scale of charges suitable to each district, and based on occupation and mileage, and loyalty keeping to it. That is one line our combination might take, and,

although more or less a sordid detail, is none the less an important one.

That "union is strength" has been true for all ages, and, now that the struggle for existence is daily growing fiercer and fiercer, has passed beyond the region of platitudes.

In conclusion, in the words of the Book of Common Prayer, "let us lay to heart the great dangers we are in by our unhappy divisions." If we once realize that, we shall surely find a way of promoting that union and concord which can alone make our profession a truly noble one.

MIDLAND BRANCH.

ON THE WORKING OF THE WORKMEN'S COMPENSATION ACT OF 1906.

By W. H. B. BROOK, M.D., F.R.C.S.,

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THE great majority of cases for compensation under the Workmen's Compensation Act are of a fairly simple nature; a man loses his life or a limb or an eye, or sustains a definite injury or disability which incapacitates him for a longer or shorter time. Others, however, may present the greatest difficulty, all the more sometimes because of their apparent simplicity, and we have to be on our guard lest we only perceive that difficulty when in the witness-box. It may be that, simple as the case appears from the medical point of view, it may present some complication to the legal mind, and we have to remember that it is the legal mind upon which we as medical witnesses have to make an impression.

Among these more difficult cases I would place:

1. Hernia.
2. Appendicitis.
3. Strains of muscles, tendons, and ligaments.
4. The after-effects of fractures and dislocations.
5. The effects of accident or occupation upon those predisposed to or suffering from disease, for example:
 - (a) The tuberculous tendency.
 - (b) Syphilis and venereal disease generally.
 - (c) Haemophilia.
 - (d) Varicose veins.
 - (e) Renal calculus.
6. The increased risk of accident to those suffering from certain defects or disorders, for example:
 - (a) Visual defects, namely, loss of binocular vision, whether due to the actual loss of an eye or to amblyopia; uncorrected disorders of refraction, such as myopia or astigmatism.
 - (b) Epilepsy and other nervous affections which would cause risk of falling.
 - (c) Lameness, which would also cause increased risk of fall.
 - (d) Injuries such as a stiff finger, which would be apt to get in the way.
7. That large and important group typified by the so-called "railway spine."

Hernia.

In order to constitute valid ground for a claim to compensation it must be proved that the hernia has been due to sudden strain caused by the actual work at which the man was employed.

The Departmental Committee on Compensation for Industrial Diseases in its report dated May, 1907, was very clear on this point, saying:

Hernia is only very rarely due to a sudden strain, in which case, if caused by the employment, it would be the subject of compensation. What usually happens is that some cough or particular strain brings down a little further a hernia, which has been slowly developing, so as first to make it prominent and attract attention. Hernia is never the result of a series of strains undergone in the course of employment, and cannot be regarded, among workmen in any trade, either as an industrial disease or as an injury, not being an accident, due to their employment.

In these circumstances the Committee held that hernia cannot be included in the schedule. We find, therefore, that in order to obtain compensation for hernia the workman must prove that it was caused by a sudden strain in the course of his employment, and it must not have been present in the slightest degree previously; if it was so present, there is no claim.

But these are not the only problems presented by hernia. It has been decided by a judge of one of the county courts that, even in a case where a workman has a good claim to

compensation for hernia, he may be required to undergo an operation for the radical relief of that disability, and if he refuses to submit to such operation he loses all claim to compensation. This is a decision of far-reaching effect.

In connexion with this another point arises: A workman who has never knowingly suffered from hernia suddenly develops one as the alleged result of a severe strain. He undergoes a radical operation, in the performance of which the hernia is found to have taken place into an unobliterated processus vaginalis. Should this fact be taken as a proof that the man had a previously existing hernia, latent or potential, if not actually present, and should he therefore be debarred from any claim to compensation? We have to look at this from a broad point of view and be just to both sides; my own opinion is that if the workman had not been aware of the existence of any hernia previous to its appearance after a sudden strain, he should be entitled to compensation.

Appendicitis.

Appendicitis is not in the schedule of industrial diseases, but a case came to my knowledge in which a workman claimed compensation for an attack of appendicitis, which was, he alleged, due to a strain whilst at work. In this instance, however, the man recovered with medical treatment, and the case was settled without going into court.

My own impression is that muscular exertion or injury would not cause appendicitis in a man whose appendix was healthy; there must be a predisposition, and this disease will therefore fall into the same category as hernia.

Strains and the After-Effects of Fracture.

Strains of muscles, tendons, and ligaments and the after-effects of fractures and dislocations may be considered together. These injuries often give rise to a class of case which is very apt to drift on, the chief difficulty being to decide when the workman has really recovered. In the majority of cases men are genuinely anxious to return to work as soon as fit, but now and again instances occur in which a man states that he cannot do any work which involves strain on the injured ligament, muscle, or bone, and may claim heavy damages. It may be extremely difficult to disprove the man's statement, and in the majority of cases the decision of the court would go for him. A malingerer has learnt by experience the movements that caused pain originally, and might say that the pain still continues on movement—a statement very hard to disprove, generally only by catching the man unawares. Fortunately, these fraudulent cases do not often occur.

Influence of Accident or Occupation on Predisposition.

The tuberculous tendency considerably increases the risk of accident. For example, a man in the course of his work received a blow on the testicle, which became inflamed, and the case proved to be one of tuberculous disease, which became general. Or, again, a man the subject of an old and presumably healed tuberculous caries of the spine falls and hurts his back, lighting up the tuberculous focus. Undoubtedly in these cases the accident had something to do with the result, but the chief factor was the tendency to disease.

Syphilis is chiefly of importance on account of the arterial degeneration to which it so often gives rise, resulting in thrombosis and aneurysm. Thrombosis is not, perhaps, of industrial importance, but aneurysm is distinctly so, especially when we consider a case lately decided in the Court of Appeal. A man the subject of aneurysm died from rupture of the aneurysm whilst engaged in tightening a nut with a spanner. The Court awarded his family compensation. The case suggests several points. For example: Ought a man the subject of aneurysm to be allowed to do any laborious work? How would the compensation be affected if it could be shown that the disease existed previously to entering upon the employment in the course of which death occurred? In such an instance, supposing that it could be shown that the aneurysm was due to the strain of an earlier occupation, would the former employer be brought into the damages? If it could be proved that the arterial degeneration was definitely due to syphilis, would this be considered as lessening the amount of compensation? Surely such a case points to the importance not only to the employer,

but also to the workman, of a routine medical examination, for it would not only have saved the former from having to pay, but it would have warned the latter of his danger, and have enabled him to take such precautions as would have prolonged life. But syphilis also is of grave importance in cases of injury to the eye. A man receives an injury to the cornea or a blow on the sclerotic, and immediately develops interstitial keratitis; he shows the stigmata of congenital syphilis; has his accident really anything to do with the keratitis? A man whilst at work received a blow on the testicle which inflamed and swelled; he was found to be suffering from an uncured gonorrhoea; the patient soon returned to work, but if the case had gone into court it would have caused some difficulty.

Haemophilia.—The probability is that no marked instance of this tendency would be met with at work, but it is by no means uncommon to meet with men who bleed to an unusual extent after comparatively slight injuries.

Varicose veins may be a source of great danger to those who have to stand for a long time, a strong argument for the routine medical examination of employees.

Renal Calculus.—Where an accident is complicated by some disease we have to take care to distinguish clearly between any disability due to the accident and that which is due solely to the disease. For example, a man received a blow over the hypogastrium, and subsequently passed blood in the urine. It was only when the haematuria recurred at intervals with pain in the loin that it became evident that it was due to the presence of a calculus, and that the accident had nothing to do with the trouble. On the other hand, it might be held that although the accident had not caused the calculus, nevertheless by moving the stone it had caused the haematuria.

Increased Risk of Accident Due to Defects or Disorders.

Visual Defects.—It cannot be denied that there is a serious risk of accident in the case of men employed amongst machinery who have not binocular vision, whether due to actual loss of one eye or to unilateral amblyopia. Such a man would be apt to misjudge the distance of moving machinery, with possibly fatal result. To a less extent this applies to those suffering from uncorrected myopia or astigmatism, especially in the case of chauffeurs.

Epilepsy.—An extreme case would be that of a man who had had an epileptic attack; in a subsequent fit he might fall into fire or water or into machinery, and sustain a serious or fatal injury.

Previous Injury.—A less extreme case would be that of lameness, which would cause increased risk in going up ladders, or an injury leading to stiffness might lead to a finger being caught in machinery.

Traumatic Neurasthenia.—There is another class of case which gives rise to considerable trouble—namely, those in which the injured man shows an extraordinary inability to throw off the effects of his injury, or passes into a condition of nervous breakdown, similar to that met with in cases of so-called "railway spine," a condition which has received the name of "aboulia," from the loss of will power that is characteristic of these cases. Some are malingerers, in which case they either give themselves away on being watched, or else recover marvellously after the case is settled. It must be borne in mind, however, that this may happen in a genuine case, no improvement occurring until the patient's mind is set at rest by the settlement. Sometimes the injury is of the most trivial nature, a trapped finger or toe, a splinter in the hand, or a sprained ankle. It is generally not difficult to tell when there is deliberate imposture or malingering; these form a class to themselves and need special care lest they pass into a condition of chronic invalidism.

Contracting Out: Medical Examination.

It will appear as though the difficulties have been simply dealt with from the point of view of the employer; this, however, is not the case. The fact is that in actual practice the workman has no great difficulty in making good his claim; the odds are immensely in his favour; it is on the employer that the onus falls of disproving an exorbitant, or possibly even fraudulent, claim. This condition of things, however, in the long run will affect the workman adversely, for there is a natural tendency on the part

of employers to look askance at an applicant for a job who suffers from any physical defect, or who is advanced in life, a tendency which will be increased if, as I believe is the case, insurance offices refuse to insure workmen over 45 years of age.

We have seen that in the case of hernia, in order to form a valid ground for compensation, it must have been caused by a *sudden* strain in the course of employment. If it were present in the slightest degree previously, there is no claim. It seems as though a principle were introduced here which ought logically to have been extended in its application by the framers of the Act; if the presence of a hernia, however small, debar the workman from setting up a claim should a subsequent strain increase the rupture, then surely the presence of a disability, or definite tendency to some accident, ought largely to modify that claim if the disability or accident should occur. In short, it ought to be possible for the employer and workman to "contract out" of the Act so far as regards the result of any definite disability or liability to injury from which the man may have been suffering at the time of his entering on his employment.

This brings us to a second point—how are these defects in workmen to be ascertained? Obviously, there is only one way of accomplishing this—namely, by the routine examination of all workmen, not only on entering employment, but also at regular intervals; a procedure which is all the more necessary now that insurance offices are, as I understand, discriminating between those workmen who have and those who have not undergone a medical examination.

The adoption of these two remedies—namely, medical examination and permission to "contract out"—would, I am sure, be of the greatest benefit to both workman and employer; the former would be assured of greater fixity of tenure of his employment, and the latter would be safeguarded from any unusual risk due to physical defect on the part of the workman.

There is, however, another aspect of the working of this Act which demands our serious consideration, for it is a matter which affects us seriously, and which, moreover, at present rests entirely in our hands.

How far are accidents occurring during employment cases for charity, and ought they to be treated at the general hospitals? This is a large question, but it is one that will sooner or later have to be dealt with. It affects our whole well-being, and in dealing with it it behoves us to present a united determination.

We none of us grudge the time and trouble spent on genuine cases of charity, but there is a growing feeling that when these "compensation cases" come for treatment at a hospital as objects of charity, or because the employers subscribe some small sum to the funds of the institution, the profession as a body is being exploited. Such cases as a rule are not objects of charity; the expense of treating accidents has now to be borne by the employers; it is to their interest to see that their workmen are restored to health as quickly as possible. Why, then, should we as a profession do this work without remuneration?

I do not wish to imply that the members of hospital staffs should alone be remunerated, but that all cases of accident should be treated by the profession generally, only the more severe cases being sent to a hospital.

This is a subject which is constantly coming to the front in our hospital administration, and it is one that we ought to discuss and consider seriously, for it will before long be a matter of vital importance to us all.

SOUTH-WESTERN BRANCH.

THE DOCTOR AND THE PUBLIC.

By S. NOY SCOTT, M.R.C.S., L.R.C.P., D.P.H.

DR. NOY SCOTT said the majority of doctors were probably interested in the material as well as the scientific aspect of their work, but unfortunately a somewhat ungrateful public were apt to fancy, or their actions suggested it, that the majority of doctors had no necessity to consider the financial side at all. Generally speaking, a very large section of the public seemed to consider that the doctor was amply repaid for his services by the gratification he experienced when he successfully diagnosed and cured

the disease. The question of what was a satisfactory fee was one of considerable difficulty, especially as the universal custom of the profession was to fix fees according to the supposed capacity of the patients to pay. That custom seemed to be too firmly fixed to be altered, but, on the other hand, he did not think it impossible for the medical men of each particular neighbourhood to agree on some scale which could be approximately uniform. If this were the recognized rule, they would get rid once and for all of the disturber of the peace, the man who undersold. He did not very much care what fee was agreed upon, so long as it was locally the standard; for he did not blame the practitioner whose lot was thrown among the poor industrial classes of our great towns, and who accepted the humble fee of one shilling, for it must not be forgotten that in those districts he was thrown into severe and often unfair competition with charitable organizations, such as hospitals, which, under pretence of charging something for medicines and dressings, were mean and undignified enough to accept a few pence for the services which were given to the hospitals by the members of the staff. If a hospital could not be run entirely on charitable lines, it should be converted into a provident dispensary, to which only members should be admitted, and the staff of which should be chosen by the subscribing members. The out-patient department of the hospital was the great offender, and, although there was much pretence of inquiry into the ability of the patients to pay, yet he had very little belief in the completeness of such inquiry. He had much sympathy with those who recommended the abolition of all out-patient work except for emergencies and accident; and even for them he would limit the attendance to the actual day on which they occurred. The way in which large employers of labour posed as philanthropists simply because they made an annual contribution to the hospital funds, in return for which they had the right of sending their employees to the hospital for treatment, was little short of scandalous. What would be the result of the abolition of the out-patient department? First, a considerable monetary saving to the hospital. Figures taken from the annual statement of a local hospital showed that out of a total expenditure on the out-patient department of £227, only £54 was spent in surgery and dispensary, so that it appeared that to properly expend £54 in medical treatment it was first necessary to spend £173. The further result of such abolition would be that the patients who at present crowded the out-patient department would immediately divide themselves into (1) those who could consult the general practitioner; (2) those who would resort to the Poor Law medical officer; and (3) those who would go to the provident dispensary. By this arrangement the periodical and justifiable complaints as to hospitals underselling and unfairly competing with local medical men would at once cease.

Another form of competition which was most undesirable and undignified was that concerned with contract or club practice. On this matter, whatever their politics, he thought they were unanimous in desiring a measure of Tariff Reform, for the present rate of payment was absurd if it was looked upon as any adequate return for services rendered. Some would say that club practice was simply a semi-charitable service. That might have been so at one time, but the working men nowadays refused to allow it, and said it was a simple business arrangement, by which payment for the many covered work done for the few. It would be better for the profession to agree to this statement, and then proceed to put such payment on an equitable basis. Medical men held the trump card, and by a little combination among themselves could obtain from benefit societies something like a reasonable remuneration for their services; and, further, they might with great prospect of success insist on some wage-earning limit by which members of benefit societies who had reached a high earning capacity should automatically cease to receive medical attendance at club rates. He himself had had the annoying experience of having to attend a club patient who was receiving between £6 and £7 a week from various benefit and accident insurance societies, and that whilst he was only paying a doctor at the rate of 4s. a year. In some districts in England he believed it was as low as 2s. 6d. or 3s. per year. This system could be abolished if