Here we have a young man apparently in good health, without any preliminary signs or symptoms of lead poisoning, suddenly struck down by the most severe of convulsions, which terminate in his death. Has lead a special predilection for the nervous system in certain individuals? If so, are we to regard the convulsions as due to the direct irritation of the lead upon the nervous system, or may we look upon the convulsions, as in the case of uraemia, due to auto-intoxication from the retention of harmful substances due to defective renal metabolism?

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TRYPANOSOMIASIS AND MORBUS DORMITIVA.

By ALEX. MAXWELL ADAMS M.B., C.M. EDIN.,
Late of the Gambia Protectorate.

IN the *BRITISH MEDICAL JOURNAL*, March 28th, 1903, there appeared an article of mine entitled Trypanosomiasis and its Cause. In this I asked the question, "Has the trypanosome any relation to sleeping sickness?" pointing out that in Europeans the parasite is found in the peripheral circulation, and suggesting that the African lethargy is an identical disease, and also that the parasite might be found in the brain centres blocking the capillaries, thus causing local anaemia and corresponding somnolence.

This very important contention afterwards received confirmation at the hands of Castellani and Bruce, who first published their results in May and June, 1903, and in the report of the Royal Society, issued later on, Professor Castellani had first observed a trypanosome in the cerebro-spinal fluid about the end of the year 1902, but his opinion was that the disease was due to a streptococcus which he had isolated. My paper, written in December, 1902, could, therefore, not be influenced by this as yet unpublished observation. I was led to my conclusions by the following clinical considerations:

1. In the trypanosome fever and in sleeping sickness we have the same puffiness of the face and lower eyelids (I was the first I fancy to point out the fugitive nature of the oedema and temporary unilateral distribution).

2. Irritability and apathy in both instances.

3. The same alteration of voice—a characteristic huskiness. I do not here allude to the changes in the speech of the negro where the sounds are unintelligible through paralysis of the tongue, but to a primal change in voice *timbre* noticed early in the disease, and in all probability due to a local oedema of the larynx. I have not seen this change remarked upon by other observers. The symptoms in the two races seemed to me to differ in degree rather than in kind. The chief difference appeared to be that the European, though apathetic, seemed to have less capacity for sleep than usual, and that the African suffered but slightly from the initial fever.

An important point now arises, Colonel Bruce attributes the infection to a species of tsetse fly, and no doubt in Uganda this holds correct. It is understood that no horse can exist in a country infested with this pest; and it is very interesting to note that in the Gambia (with the exception of Kombo) we have the coexistence of horses and sleeping sickness, the horses in good health, and the sickness quite typical. Therefore, with this fly presumably absent, what is the origin of the disease in the Gambia? In my previous article I traced the origin to a rat-bite. However, people are not often so bitten, and cases of the disease in this colony, though somewhat scarce, are not uncommon. Hence I conclude that if the disease were caused by insect bites cases would be numerous, and a state of affairs would exist similar to what we have on the Congo, where we hear of as many as 4,000 cases in one district alone; whereas in the Gambia it is to be doubted if more than a few cases could be collected at one time, facts which point to a different method of dissemination.

In India there is a trypanosome disease in horses probably caused by the common horse fly, and I see little difference between this species (*Tabanidae*?) and a fly found in the mangrove swamps of the African river. This insect at times attacks the human species and might thus introduce the parasite.

I am more disposed, however, to trace the disease to the rat—in the Senegambia at least. I lean towards this view on account of the long-known and well-proved existence of trypanosomiasis in that animal. Sir Patrick Manson suggests the *Ornithodoros moubata* as a probable cause, but this animal is unknown in the Gambia, though, judging from

analogy, it is quite a possible vehicle of infection, especially when we bear in mind that the parasite of Texan cattle fever is carried by a tick.

Again, the *Halteridium* of birds has been shown to be one stage of a trypanosome, whose full sexual life is completed in the body of *Culex pipiens*. As long as the parasite continues its existence by indirect generations or fission, I can easily conceive of several species of blood-sucking insects conveying the fissiparous germs, and that different methods of infection are possible as in typhoid fever.

The real animal in which the complete sexual life of the parasite is reached has not yet been discovered. Till this is done, the tsetse and other flies must be looked upon as an indirect though no doubt an efficient mode of infection.

The elucidation of the complete cycle of the life-history of the trypanosome is necessary to the complete proof of its relation to sleeping sickness; and when this is done—as I have no doubt it will be—far-reaching practical results will be in sight. My former paper seems to have attracted little attention. In this I put forward my claim to be the first one who suggested that sleeping sickness was caused by a trypanosome, and, secondly (what is more difficult to prove), that the disease in the European and African is identical. Discussions in regard to priority have been rife in regard to this disease. The observations contained in my previous paper and this are, I venture to think, non-controversial, and cannot in any way be considered as minimising the splendid work accomplished by Nepveu, Dutton, Castellani, and Bruce.

AN ADDRESS ON THE PROPOSED MEDICAL ACTS AMENDMENT BILL.*

By J. P. WILLIAMS-FREEMAN, M.D. DURH.,
Chairman of the Division.

GENTLEMEN,—The Committee of the Division which was called to arrange for this meeting suggested that it might tend to expedite the long and somewhat tiresome business before us, if I should, instead of giving a presidential address on some medical or surgical subject, endeavour to analyse and summarize this proposed Bill to Amend the Medical Acts which has been drafted by the Medico-Political Committee of our Association, and which the Council has sent down for our consideration to-night. In doing so, therefore, I am responsible only for the manner and not for the matter with which I shall try your patience.

There is one central fact which we must never lose sight of in a discussion on this subject, and that is that the Medical Acts of the past and any new legislation which we may hope to get enacted in the future can only be for the benefit of the public, and not for that of the medical profession. No doubt we are quite right to try to bring before Parliament the interests of the profession, and the public would wish to see them safeguarded, but only in so far as those interests are their interests, and not for our professional benefit. They do not wish to work the willing horse to death—they are even anxious to improve the breed of horses—but as only workers for the general weal. The days of special legislation for professional and class interests are happily nearly over.

It may seem unnecessary to insist on this, but I have done so because there is always a natural tendency to forget this principle—not certainly more amongst us than in the ranks of other learned professions—but enough I think to make us often overstate our case and do harm rather than good to our best interests. I doubt, for instance, whether the excited agitation which some of our friends thought fit to indulge in in connexion with the Midwives Bill has done much to raise the profession in the estimation of the public.

The great central change in the Bill before you is the establishment of one uniform State examination held by the General Medical Council, without passing which no one can practise medicine in the United Kingdom or (subject to any local law) in any part of the empire.

The early parts of the Bill lead up to this examination, and Part VI consists of penal clauses to protect the public from practitioners who have not passed it. It is this penal portion that will perhaps excite most discussion. The public likes and always has liked quacks of all descriptions. A certain interest in the unusual, a vein of superstitious credulity in the mysterious (*omne ignotum pro magifico*) which runs

* Delivered before the Salisbury Division of the Southern Branch of the British Medical Association.

through most people, a mistrust of anything like professional narrowness and even of expert evidence, and the ever-ready suspicion of professional jealousy, all go to make silly people run after the quack. People actuated by such ideas—they are usually of high rank and low education—I should never wish to protect; the fool in his folly may be left to work out his own salvation. All we can do is to guard ourselves against narrowness and jealousy, and keep ourselves to the front in all scientific knowledge, and having done that we may be permitted to derive a good deal of quiet amusement by watching the irregular antics both of the patient and the enterprising practitioner.

But there are others; there is the wretched incurable whose friends have not the mental capacity to grasp and face the situation, and who rush frantically from one quack cure to another in their efforts to escape the inevitable. These we have no power to help. And there is, finally, the largest and most important class, happily growing smaller every year—the poorer people who are genuinely unable to distinguish between the qualified and the unqualified “doctor,” between the real and the bogus “professor,” who really believe the clever quack advertisements which fill their newspapers, and who, even if they are not imposed upon, are often driven to consult a chemist or a herbalist because his fees are within their means. This class, I think, we are called upon to protect to the extent of making deception as nearly impossible as we can, and this Bill does a great deal to make the qualified practitioner distinguishable and also to prosecute impostors. Whether it is possible or desirable so to interfere with the liberty of the subject as to make it punishable for a man to sell to a willing purchaser his advice on any subject whatever is a question on which every man will have his own opinion. Personally I do not think it is.

But to turn to the Bill. Part I concerns itself with the constitution and powers of the General Medical Council, whose full title as at present constituted it is well to remember. It is the General Council of Medical Education and Registration of the United Kingdom. It shall consist of 22 registered medical practitioners and 1 registered dental surgeon, in place of 31 as now constituted. Of these, 5 shall be nominated by the Privy Council, as at present; 9 by the universities and medical corporations of the United Kingdom, as against 21 at present; and there are to be 8 direct representatives as against 5 in the present Council. The direct dental representation is an innovation that I think we shall all approve and may possibly consider might be increased with advantage. The rest of Part I. Clauses 2 to 11, concerns the methods of election of members and their officers, and the payment of their fees and expenses.

Part II deals with the Registration of Medical Students. It provides for a preliminary examination and for temporary or permanent removal from the *Register* in case of misconduct.

Part III deals with the Education of Students. It establishes one final State Examination in Medicine, Surgery, and Midwifery for everybody. The General Medical Council to appoint the examiners and direct the conduct of the examination. It also arranges for intermediate examinations in subjects prescribed by the General Medical Council to be held by medical corporations and universities, which examinations as well as the medical schools may be inspected by the General Medical Council, and on their recommendation the Privy Council may withhold recognition as qualifying for entrance to the State examination.

Clause 16 is new and important. It provides for the appointment of Assistant Examiners at these intermediate examinations if the General Medical Council think fit, their fees, I observe, being determined by the Council but paid by the Medical Corporation.

Part IV provides that in future no person can be registered unless he has passed the State Examination, that the registration fee be £1, and that every registered practitioner in the empire (those already registered beginning five years after the passing of the Act) must pay an annual registration fee of £1 to keep his name on the *Register*. This provision (which I believe is copied from the Solicitors) would give the General Medical Council an income of over £37,000, which I should think would suffice to pay the examiners handsomely as well as to provide the fees and expenses of the members of Council.

Part V is financial, and provides for the transfer of funds and expenses from the Branch Councils to the General Medical Council.

Part VI consists of penal clauses.

Clause 25 enacts that the General Medical Council may suspend or strike off the *Register* any practitioner who shall

have committed a felony or misdemeanour or be judged by them to have been guilty of conduct infamous or *unbecoming* in a professional respect. I must confess this last word does seem too wide; one must remember that there is no appeal, and a practitioner is absolutely at the mercy of a professional tribunal, with no lay assessors to guard against prejudices.

Clause 26 invests the General Medical Council with the powers of a court of justice. Would it not be safer for the General Medical Council to bring the black sheep of the profession before the ordinary court to be dealt with as in the case of solicitors?

Clause 28 provides that no unregistered person shall practise medicine, surgery, or midwifery habitually and for gain, be entitled to recover fees, or hold any medical appointments, or sign any certificate of death, stillbirth or sickness, which purports to be a medical certificate or implies that the person signing it is possessed of medical skill and knowledge. Midwives are exempt by a later clause. The whole question of death certification I think we shall agree is ripe for legislation, and the Act proposed in the last Parliament would of itself be a great protection against irregular practice both for the public and the profession.

Clause 29 provides that nobody may grant medical degrees or diplomas to persons until they have been registered, so that the State examination is to be the first qualification a student can get. This would, of course, tend to diminish the number who would go in for diplomas of the lower grades.

Clause 30 is the most radical in the Bill. It must be read *in extenso*:

Penalty for Practice by Unregistered Persons.—Any person who is not registered under this Act and who (1) *medically treats patients*, or (2) otherwise practises medicine, surgery, or midwifery; or (3) *performs any surgical operation* for which he demands or receives any fee, gratuity, or remuneration, and also any person who not being registered under the Act, (4) *pretends to be*, or takes or uses the name or title of physician or surgeon, doctor of medicine, licentiate of or bachelor of medicine of surgery, or master in surgery, or assumes any other style, title, addition, designation, or description either attached to the name of the person or to his place of residence or business, or otherwise exhibited, implying that he possesses the skill and knowledge necessary for the practice of medicine, surgery, or midwifery, or that he is recognized by law as a physician or surgeon or licentiate, in medicine or surgery or midwifery or a practitioner in medicine, or an apothecary, shall be guilty of an offence under this Act, and shall on summary conviction under the Summary Jurisdiction Acts be liable (1) for the first offence to a penalty not less than ten and not exceeding twenty pounds, and to imprisonment in default of payment of not longer than two calendar months, and (2) for each subsequent offence to a penalty not less than twenty and not exceeding forty pounds, and to imprisonment in default of payment for not longer than six calendar months.

This is very severe. I take it (1) would cover chemists who prescribed a diarrhoea mixture; (2) would cover herbalists and private sanitary house inspectors; (3) would apply to a tooth-drawer or a chiropodist, and (4) would include the proprietors of Dr. Williams's Pink Pills or Dr. McLaughlin's Electric Belts. I think we shall all agree that (4) is admirably calculated to give proper protection to the public; whether parts (1), (2), and (3) are either desirable or practicable is more a matter of opinion.

Under Clause 32 the General Medical Council receives the fines.

Clause 33 prevents a patent medicine being falsely sold as the prescription of a living or deceased registered person, the fine being paid to the aggrieved person. If deceased where to?

Clause 34 provides that every person practising, whether principal, assistant, or deputy must have his plate up.

Clause 35 permits any foreigner qualified in his own country to come to a consultation in this country and to act as medical officer in a hospital for foreigners.

Part VII contains definitions, and provides that persons registered before the Act may continue to enjoy their privileges.

Clause 39 provides that nothing in this Act shall apply to midwives—which I submit is not very happily worded, since it apparently entitles them to practise medicine and surgery, sign death certificates, and even grant degrees!

These, gentlemen, are the chief provisions of this proposed Bill. Though it is easy enough to criticize it I think it is an honest attempt to deal with a very difficult subject. It is

submitted to us for our consideration, and it is for you to make proposals to help the Council in their deliberations upon it.

CONSULTATIONS BETWEEN MEDICAL WITNESSES.

By W. J. GREER, F.R.C.S., D.P.H.IREL.,

Honorary Secretary and Treasurer, Monmouth Division of the South Wales and Monmouthshire Branch of the British Medical Association.

It is perhaps hardly necessary to apologize for calling the close attention of the members of our Association to the importance of the issue involved in the discussion on this subject. The Medico-Political Committee has sent to the Divisions for decision a matter which will require to be approached in a cautious and judicial manner, as the final result will be embodied in an ethical rule, and will be binding on all members of the Association.

It can hardly be doubted that, however difficult the subject may be, it is distinctly to the advantage of the profession that a great Association like ours should endeavour to formulate a rule of conduct out of this controversy. In dealing with this inquiry it would seem well to adopt the political spirit, at the same time keeping clearly before us that "it makes all the difference in the world whether we put Truth in the first place or in the second place."

Possibly the class of cases that come under the notice of the greatest number of us, will be those involving the Employers' Liability and Workmen's Compensation Acts. It is in these that sharp differences of opinion are exhibited. The public would seem evidently to take a very great interest in these tourneys, for the combatants are often advertised in the local press under the heading "Doctors Differ."

If such incidents could be prevented by the ruling suggested in the recommendation, then by all means let us adopt it. But it would be folly to proclaim a law unless we can make it reasonable in its application and binding in its effects. Now it is quite unnecessary to insist that the guiding principle of every medical witness who enters the box is to tell the truth. This will be readily conceded by all of us, no matter on which side we appear.

Notwithstanding this our differences of opinion in the witness box create in a sinful public a smile. It happens that our opinions as medical men are sought in perhaps two ways: one to give an exact account of the facts of the case, and an unbiassed opinion on them; another way, to emphasize the favourable facts in a case for the side which employs one. The question is usually put thus: (a) Will you kindly examine A. B. and give us your opinion as to the precise condition? Or (b) We shall be glad to know if you can kindly examine A. B. and appear in court on his (or our) behalf? The gentleman who writes the second letter has no doubt of the justice of his case and seeks the sympathetic co-operation of the medical man. No matter in what way the request to examine is worded, it is pretty generally understood that the side which employs us has a distinct hope that we shall be able to lean somewhat in their favour.

This brings us abruptly to the question, Do the etiquette and honourable traditions of our profession permit medical witnesses to be partisans? It is truly to be doubted if a plain yes or no can be given to this question any more than to that old favourite, "Have you left off beating your wife?"

With regard to the second form of inquiry mentioned as commonly received from solicitors, it may be said that in this case a particular opinion is suggested, but the report which is drawn up and sent by the examiner will clearly state the facts and the opinion, and the inquirer will at a glance know if it is suitable to his case. If it is favourable to the inquirer's case, and this may surely often happen without duplicity, it would hardly be fair to say that in this case the favourable opinion is suggested. Taking it for granted that the case goes into court and the medical witness appears, counsel in the examination in chief soon presents the witness and all the effulgence of his qualifications in a partisan light; the other side look upon him as a hostile witness and proceed to endeavour to weaken his statements by cross examination, this cross-examination being usually prompted by the medical man on that side. The witness is expected to stick to his proof, and in doing this, if he has been careful to found his opinion firmly on the facts, always, of course, presuming that the facts honestly bear the interpretation presented, the witness becomes not only a partisan but something of an advocate. If he has not formed his opinion or is not able to

hold to it under cross-examination, he may do a grave injury and a serious injustice to his client. It may be considered by many that this prompting of counsel is one of the most certain ways of producing a sharp conflict of evidence; it raises the further question, Is this custom in accordance with the best interests of the profession? Will consultations between medical witnesses entirely do away with all this? Whatever view the legal profession and the public may take of it, we cannot think that this clashing of opinions, however enjoyable the subtlety of intellect displayed by the combatants may be, tends to raise our position.

This being admitted, we may now turn to inquire how this undesirable conflict can be avoided. The suggestion in the recommendation before us is that a consultation is the best means of settling our differences; that is to say, to arbitrate before going into court. Now, it is said by those who have most frequently to deal with these matters that arbitration is a very good thing when you have a weak case; that the best pleaders in an arbitration are those who can get the most information out of the other side without giving anything away of the weakness of their own side. If the medical witnesses who go in to consult happen to be so worldly as to know of this canon, then the consultation would be a bright example of how not to conduct a consultation, and this could hardly tend to honesty in consultations in general. It appears tolerably certain that to be on the winning side is an instinct as firmly planted in the medical as in the lay breast, so that a compromise is not likely to be effected between two strong-minded medical men well up in their work; besides, compromise is not a very popular word amongst litigants. It is said that it may be heard as a ground of complaint against counsel that some of these learned gentlemen are too ready to compromise.

Again, if the gentlemen who employ us object to this consultation compromise, a ready method of stopping it would be to omit the extra fee which this formality will surely require. Our reply to that, if we were a combined profession, would be to insist on the consultation and on the fee, but alas for a combined profession! The consultation fee, if it could be insisted on would tend to encourage the workman's doctor to be present more often than he is when the employer's doctor makes his examination, or if a consultation is not intended at this stage it would help to ensure the medical witnesses coming together later. Here it will benefit the discussion to intercalate the question, Who is going to pay the fee?

This consultation will mean a careful discussion, which will occupy considerable time. It will mean that the result of the conference will be explicitly written out and signed. It can hardly be contended that this extra work is to be done without an extra fee. It seems clear that the successful working of the proposition will be the greater in direct proportion to the lesser contentious nature of the case. If strongly divergent opinions are formed during the consultation and are irreconcilable, then the consultation is a failure, or worse. On the other hand, if an agreement can be arrived at, then the case is settled, as far as the medical side is concerned, before going into court. This will, of course, be of great advantage to the medical men; but how will the parties look at it—at least, those who like a sporting chance in open court? It must not be forgotten that the ordeal of the witness-box is not avoided by this consultation, that learned counsel are not parties to the conference, and that the galling fire of cross-examination may elicit such replies as may give the advocates an opportunity of exercising their art, and that the result of this may surprise the medical witnesses.

Again, let us suppose a case in which the consultants are in agreement as to the facts. Say, a boiler maker has had a severe injury to his shoulder causing a fracture into the joint, he has been receiving compensation for twelve months, it is agreed that the fracture has united in good position, the question is, Can he work? The employer's doctor thinks that he can work—that it would be good for him to work; the man's doctor thinks that he cannot work for at least three months. Are they to "split the difference" and go into court and swear that the man can go to work in six weeks?

Another very serious matter that must be considered in this discussion is that the workman's doctor may endanger his livelihood if the workmen think that he is too ready to compromise with the employer's doctor.

Passing to another matter, it may be remembered that if these consultations are successful, then to the hard-worked (?) medical referee the only honour that will be left is to keep his distinction after his name in the *Medical*