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.

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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*

Directory with the hope that some football secretary may see it and request the doctor to act on the field in his dual capacity.

As to the "expert witness" and the "rising witness" in medical matters, perhaps he had better go; but as this individual is usually of vigorous growth he will give some trouble in his passing. At any rate, if it is for the common good of the profession, he must go.

Finally, can we hope that if the recommendation is adopted an immediate future will see us holding up our hands in pious horror at the memory of past public exhibitions of doctors' differences and feel thankful that these have passed away like the baseless fabric of a vision?

MEMORANDA:

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

MEDIAN HARE-LIP.

The annexed illustration is from a photograph of a man with a curious simulation of median hare-lip. I have since met two other examples of this deformity. On either side of the median fissure is a tumour-like protuberance, which was painless, and distinctly shotty on palpation.

This man said that five years before his lip was normal, and that a fissure gradually came in the centre without ulceration. Since seeing this case I have met with others whose history corresponded except in length of years. There was no evidence of either syphilis or tuberculosis in any of the cases, and except for appearance the condition gave no trouble. I believe the condition to be a symmetrical adenoma of the mucous glands of the lip. I was not able to verify this, and should be glad to have suggestions on the point, and to hear if other instances of a similar deformity have been recorded.

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ACUTE YELLOW ATROPHY OF THE LIVER.

As this disease is one of comparative rarity, it will be interesting to record the history of the following case, which shows so strong a similitude to the ordinary type.

L. P., aged 10 years, eighteen months previous to the present illness had an acute attack of catarrhal jaundice. Convalescence was not altogether complete, there still being a recurrence of dyspeptic symptoms, biliousness, with marked mental depression, a condition continuing more or less up to the onset of the second illness. There was still a perceptible yellowness of the skin and a slight tendency to pipeclay stools. Her parents testify to the extremely trem-

ulous condition of the limbs at this time, resembling very closely that of a person with senile tremors.

The present illness commenced on November 13th, 1903, with delirium, rise of temperature, quick pulse, nausea and vomiting, pain in hepatic region, bile-stained urine, and clay-coloured stools suggesting at the time a typical case of the non-obstructive form of jaundice, and it was treated as such. On November 15th mental delirium was absent, symptoms abated, and the patient seemed improved. Up to November 20th the state of the patient fluctuated, but her condition then became distinctly alarming; delirium became more pronounced, with grinding of the teeth, occasional convulsions, sordes on lips and gums, epistaxis, haemorrhage from the mucous membrane of the mouth, stomach, and intestine; the pupils were dilated, and the liver dullness showed now distinct diminution. Examination of the urine showed the presence of leucin and tyrosin; there was no optic neuritis; a pronounced feature was twitching of the masseters; the jaundice became gradually deeper, and finally the patient was quite unable to retain anything in the stomach; the temperature was subnormal, and nutriment with medicinal treatment was now resorted to per rectum. On the evening of December 3rd coma rapidly set in and death occurred on the morning of December 4th.

The special features of the case were its strong likeness in the early stage to simple catarrhal jaundice and the fact that coma did not set in until very late in the disease. Unless to cause slight abatement of symptoms, all the forms of treatment resorted to proved equally futile. Unfortunately a necropsy was out of the question; still no confirmatory evidence was necessary, as the whole case was so typical.

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SPONTANEOUS RUPTURE OF THE ABDOMINAL WALL.

CASES such as that reported here must be so extremely rare that I offer no excuse for publishing it.

T., aged 40 days, a male Chinese infant, was brought to the Mission Hospital, Tainan, Formosa, on January 15th at 9 p.m. with the following history:

There had been no difficulty at its birth, and the child appeared to be perfectly healthy. The cord dropped off at the end of about a week, and the mother was quite certain, and never varied in her statement though carefully cross-questioned, that never then or since had there been any protrusion of the navel.

The child was perfectly well till five days before admission. Up till that date motions had been passed daily, and were quite healthy in appearance. The child then had what would seem to have been an attack of acute enteritis. He had constant diarrhoea with a great deal of straining, and in the intervals between these motions was always crying.

This was the condition of things when the mother went to sleep on the night of January 14th. In the middle of the night she got up, and on going to change the child found that a small portion of bowel was protruding at the navel. The more the child cried the more bowel protruded. The woman lived some miles away, and the next day seems to have been taken up by a general family council as to what should be done with the patient, so that it was not till 9 p.m. on January 15th that the child arrived at the hospital.

I found a clean hole about the size of a shilling at the navel through which the greater part of the small intestine with the caecum and ascending colon protruded. The bowel was very congested and covered with flakes of lymph. The child was very collapsed. The bowel was cleansed as much as possible, an abdominal incision made upwards and downwards without an anaesthetic, and the bowel replaced with considerable difficulty. The incision was then closed with sutures. The child lived for about six hours after the operation, but never rallied properly. There was no necropsy.

Formosa.

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SCIATICA AND LUMBAGO.

I HAVE no doubt many have found the above disorders very intractable to treatment in certain cases. When metabolic in origin, or symptomatic of the rheumatic habit, after employing all the well-known remedies with no benefit to my patient, I have within the last few years found a sheet-anchor in pilocarpin nitrate gr. $\frac{1}{2}$ injected subcutaneously every night or every other night, with the exhibition of a saline purge and croton oil $\frac{1}{4}$ once a week. Of course painful points are chosen for the injection.