The discharge of serous fluid was free for the first twelve hours, after which it gradually diminished, and the patient made a good recovery. She was detained in hospital till October 9th for observation, and was then discharged cured, and has remained well since.

This was the first time in this clinic that an acute perihepatitis of both lobes was demonstrated to the naked eye by the abdominal speculum, indeed, so far as I know, it was the first time this and the whole cavity was prospected by the speculum and every part brought into view. The peritoneal suffusion gradually faded until the membrane became comparatively healthy in the hypogastrium and the uterus showed none. The cause we could not determine. She remains healthy. (February 22nd, 1897.)

For some time I have been in the habit of using Ferguson's vaginal speculum to demonstrate the condition of the peritoneum, visceral and parietal, but in certain cases it proved of no service when the laparotomy was made below the umbilicus and hence I simply had it lengthened. In great distension from a large collection of ascitic fluid, in which no tumour can be palpated and no enlarged viscus discovered, I have preferred making the low incision. I shall not detail more cases in full, but mention an instance occurring lately in the Thornton Ward, which justified this course. The abdomen was largely distended, but no cause, proximal or distal, could be discovered. On opening the abdomen, the peritoneum was congested, and this was seen by the Ferguson's speculum to extend downwards but not upwards. The origin was therefore probably pelvic. An ovary with a long pedicle permitting excessive freedom of movement was the only lesion. Its removal with subsequent drainage cured her.

It is desirable to cut down upon any tumour which can be located. An instance showing this was that of another Thornton patient, who had enormous ascitic distension, but an area of resistance and solidity existed in the left flank. She had been tapped sixteen times and was emaciated and weak, and not likely to stand much surgical interference. Left laparotomy over the tumour, and along the outer margin of the rectus muscle, showed it to be an enlarged kidney. Covered more or less with adherent, intensely vascular omentum. The hæmorrhage was so profuse that I was content to ligature the vessels, flush the cavity with hot water from the tap, and place a soft rubber drainage-tube. I saw the patient a year after. She had no recurrence of ascites, although the enlarged kidney remained. It is unnecessary to multiply such instances. There is just one point more. Where the value of incision and drainage stands out prominently, namely, in cases where there is a sense of intense feeling of distension—a bursting sensation with great pain—in which there is tympany, with a small quantity of fluid, tapping under such conditions would be likely to puncture the intestines, and even if it did not, little fluid would run off from blocking of the cannula. Incision and drainage give relief, the latter being profuse. The intensely injected state of the peritoneum in such cases shows a condition approaching acute peritonitis, where, however, I hold the same principles are applicable, and the same surgical treatment is justifiable.

REGISTRATION OF TRADE ACCIDENTS.*

By FRANCIS IMLACH, M.D.,
Liverpool.

THE Workmen's Accident Compensation Bill makes no provision for the registration of trade accidents, neither for their nature and extent or for their causes and disabling effects. Without doubt this unfortunate omission is due to a laudable desire for simplicity, but it makes the Bill impracticable. Within certain restricted trades every injured man is to be compensated, except when the blame is solely and entirely his own. Taking the Home Secretary's estimate that about six million workers come within the scope of the Bill, and adopting a percentage of accidents which obtains among a million of them, we get the annual number of workers who will, themselves or their dependents, be entitled to compensation:

Workmen killed	...	...	...	...	...	...	4,260
totally disabled	...	...	...	...	...	...	2,400
permanently partially disabled	...	...	...	...	...	...	20,040
temporarily disabled for at least three or four weeks	...	...	...	...	...	...	750,000

But the scale of compensation is not fixed, and it is impossible, therefore, to make an accurate estimate of its cost. There is a large range between the maximum and minimum in the case of fatal accidents, and a maximum without a minimum for accidents which are not fatal. The Bill contains no definition of total and partial or of temporary and permanent disability, and there is no attempt to appraise the money value of the several limbs and organs of the body. In the policies issued by the various accident insurance companies of this country all these items are carefully assessed, and in Germany trade accidents are minutely classified by the Government. But in the present Bill these matters are very properly left to the common sense of the arbitrator. Hence it is that the estimates of different actuaries, and even of the same actuary at different times, are notoriously discordant. In the case of miners, for example, while the mine owners in their alarm estimate the probable cost of compensation at 3d. a ton, the Government rates it at ½d. It is, in truth, within the competence of the arbitrators to make the actual cost approximate to either figure.

The provision for arbitration under this Bill is designedly elemental and incomplete. The county court judge is the ultimate arbitrator, and he may call in a medical assessor, at the expense of the employer, to assist him. But the obvious intention of the Bill is that the vast majority of claims shall be settled outside the law courts and without the intervention of the medical assessor. It is hoped that joint committees of employers and employed will form voluntary courts of arbitration. There will be a Government arbitrator to assist in their organisation and conduct. It is not, however, meant that the whole of the work shall be done by the Government arbitrator. So far as possible the adjustment of claims is to be a matter of agreement between masters and men, and hence much depends upon their mutual goodwill.

But it is quite impossible to believe that money claims can always be settled without contention, and even good will must have some objective guidance. Frequent appeals will be made to our profession by the opposing parties. In the majority of cases the injured men will have been attended, not only for the first fortnight but also afterwards, by the medical officers of their friendly societies; and to refuse to listen to these surgeons when doubt is cast upon the nature or reality of some obscure injury would be to court discontent. But if this evidence be received it will be impossible to deny the right of the employer to produce rebutting evidence.

Now, I am sure none of us want a repetition of the scandals of expert witnesses which were so common in the early days of railway travelling. It is neither fair nor reasonable to employ expert witnesses for the express purpose of accentuating any difference of opinion which may legitimately exist. What we want, for the avoidance of scandal, is a uniform system of registration of accidents and of their disabling effects. When the employer and employee can agree to a form of registration the arbitrator or arbitrating Committee would only have to assess the compensation, and forward a record to the Board of Trade. But if the opposing parties disagree their medical representatives might be able to effect a reasonable compromise. And if these fail it would rest with the arbitrator to compare the rival claims, to fill in a registry of the accident as best he can, and to award compensation.

At the present moment returns of accidents in shipping (which is excluded in this Bill) in mines and railways, are drawn out on such different lines that useful comparison is impossible. Unless a uniform system of registration be instituted there will soon be the wildest confusion. Witnesses will be kept hanging about offices and needless expense will be incurred, courts of arbitration will be without guidance, the Government arbitrator will be a law unto himself, one county court judge will never know what another is doing, insurance offices will lack data for calculating their risks, and the country will never know whether the Act is a failure or a success.

The heavy loading of accident insurance premiums is due, in the first place, to the expense involved in the endeavour to

* read at a meeting of the Lancashire and Cheshire Branch of the British Medical Association.

extend business and the cost of collecting, etc., and secondly to fear of the unknown risk which must be met. The first item of expense would be greatly diminished by the formation of mutual insurance companies by groups of employers for the purpose of covering the risk of their own businesses. Among the obvious advantages of this method of insurance are economy, the maintenance of friendly relations between employers and employed, and the occasional discovery of means by which trade accidents may be prevented or diminished. The second item—the fear of the unknown—has been recognised, and to some extent obviated, by the Government amendment which converts perpetual disability into a maximum of seven years at the option of either party. But an authoritative register would soon produce data which would justify a lowering of rates, and so prevent the ruin of the smaller employers of labour.

Since the successful working of this Act will so largely depend upon the intelligent co-operation of our profession, I think we are entitled to ask the Government to make a uniform scheme of registration of accidents an integral part of their Bill, and I suggest that the Parliamentary Bill Committee of this Association should draw attention to the need of it before the report stage of the Bill is passed.

The form of registration should fulfil five requirements:

1. A statement of the cause of injury. This would establish the fact that it was a trade accident, and not caused by drink or wilful disregard of express orders.
2. A description of the nature, extent, and progress of the accident or injury in the terms of the Nomenclature of Diseases issued by the College of Physicians.
3. The consequential disabilities.
4. Any circumstances to which the attention of the arbitrator should be directed.

Mr. Thomas, a mining expert, writes as follows: "It stands to reason that lame men, one-eyed men, short-sighted men, men with wooden arms or wooden legs, men hard of hearing, men of weak constitution, and elderly men are more liable to accidents underground than men who do not suffer from such infirmities. Naturally, then, the first thing employers will do if this Bill becomes law will be to rid themselves of all such infirm persons." But if these circumstances and others, such as being subject to fits, faints, etc., be fairly represented in the registration of the accident, the common sense of the joint committee or of the Government arbitrator will soon devise a satisfactory scale of assessment which will prevent the cruel necessity of debarring the infirm from the employment by which they make their livelihood.

5. The amount of compensation.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

JAUNDICE AND INFLUENZA.

IN THE BRITISH MEDICAL JOURNAL for March 3rd, 1894, I reported eight cases of jaundice which I had met with in my practice during an epidemic of influenza at that time. Dr. W. Hall Calvert had reported seven somewhat similar cases a month before, and other reports were published subsequently. Owing to the numerous cases of jaundice noted, and to their occurring during the prevalence of an outbreak of influenza, it came to be a question of whether we were to regard these cases as indicating that jaundice may occur as an epidemic disease, or that it may be one of the sequelæ of influenza.

With a view to gathering more information on this particular subject, I carefully watched all my influenza patients during a recent outbreak of that disease, and only in one case did I detect jaundice. This patient was an adult, who had an undoubted attack of influenza, and who developed marked jaundice while still suffering from the influenza. Of course, this influenza epidemic was much less severe than the former one, and this fact has to be kept in mind in discussing any complication.

I have referred to this matter again in the hope that others

may report similar cases, and so throw some more light on this subject.

Garliestown.

WILLIAM S. YOUNG, M.B., C.M.

A CASE OF TYPHOID FEVER: SERUM DIAGNOSIS AND SERUM TREATMENT: RECOVERY.

THE following brief report of a case of typhoid fever in a female, in which the most recent advances in diagnosis and treatment were employed, will doubtless be of some small value as an addition to the scanty literature on a portion of the subject, namely, that relating to the serum treatment. Appended is a copy of the temperature chart:

The following brief clinical notes refer to the several days of the disease:

- 4th. Heart and lungs normal.
 - 5th. Slight epistaxis.
 - 6th. Free epistaxis; lungs normal.
 - 7th. Pulse markedly hyperdicrotous. Brandy, 3j every two hours. Blood sent for examination to Institute of Preventive Medicine.
 - 8th. Abdomen distending; tender in iliac fossa and over edge of spleen. Splenic dullness increased.
 - 9th. Pulse almost running. Brandy, 3j every hour. Four rose-coloured spots on abdomen; tongue furred.
 10. Abdomen as before; drowsy; dorsal decubitus; two fresh spots. Report received from Institute: "well-marked agglutination of typhoid bacilli"; 10 c.cm. Burroughs and Wellcome antityphoid serum injected.
 - 11th. Pulse fuller; abdomen less distended and less tender; 10 c.cm. of serum injected.
 - 12th. Tongue cleaning; abdominal and mental condition improving; pulse stronger.
 - 13th. Marked general improvement.
 - 15th. Injected, 10 c.cm. This was a precautionary injection, on the assumption that the typhoid infection was only inhibited.
 - 17th. Fish diet.
 - 20th. Meat diet. Convalescent.
- A sample of the blood taken about the 25th day did not give the Widal reaction (British Institute report).

Note.—As typhoid fever occasionally aborts, too much reliance cannot be placed on the success of the serum treatment in this case.

Hull.

E. H. HOWLETT, F.R.C.S.

DEATH FROM PYROGALLIC ACID POISONING.

ON May 1st, at 10 A.M., I was summoned to Mrs. H., married, aged 32, by her father, who stated that he thought his daughter was dying; he also stated that she had had trouble with her husband, was living apart from him, and had seen him the previous evening. She was in good health the night before, and had enjoyed good health previously.

Her condition on my arrival was as follows: Her face was of a dirty grey colour with the exception of her lips, cheeks, and ears, which were dark blue. She was conscious, her pupils normal, and her skin cold. The heart was acting feebly, and she took no notice of anybody, but would answer questions put to her. The tongue was dark brown and dry, and she had vomited for two hours before my arrival, but that