was given at 4 p.m. on the day of admission (January 17th). During the night the temperature fell to 98.4° F., and thenceforward remained normal. Next day the pulse was 76, and there were no constitutional symptoms; there was less local discomfort, and the gland at the angle of the jaw had diminished in size, but more oedema was present. This oedema still further increased on January 19th, but was never enough to close the eye; it was not associated with any increase in the size of the slough or with the formation of any fresh vesicles; the slough became, however, more prominent from the increased swelling and inflammation. The gland continuously diminished in size from the first. The oedema then grew less, and was gone by January 21st. The patient's convalescence was uninterrupted, and the slough separated on January 31st, fourteen days after the administration of the serum; on this day the man left the hospital with a superficial granulating wound which seemed likely to leave hardly any scar.

A very striking observation was made on the case. We have said that on the patient's admission to the hospital cultivations from the fluid of the vesicles yielded abundant colonies of anthrax bacilli. On the following day, only nineteen hours after the serum had been injected, precisely similar cultures were made, clear fluid being still present in the vesicles. Not a single colony of anthrax could be obtained on this second occasion; only staphylococci grew in the cultures. The cultures were repeated on the third day, again with negative result. The fluid from the vesicles was on this third occasion patiently searched under the microscope; only a very few disintegrating bacilli were found, mostly enclosed in leucocytes. It seems legitimate to infer that the serum exerted a powerfully bactericidal action. It may be suggested that the notable increase in the oedema which occurred after the bacilli had apparently been destroyed, depended upon the liberation of an intracellular toxin from the disintegrated bodies of the bacilli.

We would draw special attention to this increase in the oedema after the use of Sclavo's serum. It was seen to an even more marked degree in the previously reported case, and might easily give rise to the idea that the serum was not doing its work. In the present case, the daily bacteriological examinations helped to allay any undue anxiety on this score, but in both cases the increased oedema was associated with an improvement in all other respects, and was not attended with any new development of vesicles or other indication of an extension of the infective process.

The two cases, taken together, confirm the favourable results which have been obtained in Italy by the use of Professor Sclavo's serum. They seem to indicate that, at least in moderately early cases of cutaneous anthrax, excision may safely be dispensed with where an initial dose of 40 c.cm. of the serum is employed. So far as we are aware the present case is the second in Great Britain in which reliance has been placed on the serum alone. It has been used in a number of other cases, but always in combination with excision.

An Address

ON THE

MEDICAL WORTHIES OF CUMBERLAND.

By HENRY BARNES, M.D., LL.D., F.R.S.E.,

Vice-President of the British Medical Association; President of the Border Counties Branch.*

My first duty is to thank you most cordially for the honour you have conferred upon me by electing me a second time to the Presidency of this Branch. It is just twenty-eight years ago since I entered upon my first term of office as your President, but for more than forty years I have taken an active interest in the work of the British Medical Association, and have been a regular reader of the BRITISH MEDICAL JOURNAL. During my student days in Edinburgh, I had week by week a copy of the JOURNAL sent to me, and soon after my graduation in 1864 I had during more than a year's residence in Manchester an opportunity of becoming practically acquainted with the organization and working of the Lancashire and Cheshire Branch, which was at that time and still is one of the largest and most active Branches in the Association. On settling in Carlisle in 1866, I found to my regret that only some half-dozen members of the medical profession in Cumberland and Westmorland had seen the advantage of becoming members of the Association. After two years, however, the Cumberland and Westmorland Branch was established, and I became its first Secretary. Its success was never a matter of doubt. In three years we were able to boast that 63 per cent. of the medical profession residing in the two counties were enrolled as members of the Branch—a greater proportion than any other Branch could claim in those days.

After seven years' work as secretary the area of the Branch was extended, its title was changed, and it became the Border Counties Branch. I had the honour to be nominated as President-elect, and duly filled the office of President in the years 1876-7. In the year 1895 the Association was invited to hold its annual meeting in 1896 in Carlisle, and by your unanimous vote the further great distinction was conferred upon me of being nominated for the office of President. The success of that meeting has been generally acknowledged. One of its results was to give definite shape to the agitation which has resulted in the recent change in the constitution of the Association which came into force at Swansea last year. For some years it had become apparent that the influence of the Association was not so great as might have been expected from the number of its members. At the time when this Branch was formed the Association, which had existed for thirty-six years, numbered about 3,500 members. During the next thirty-six years its increase was rapid and progressive. For more than two-thirds of this latter period I was a member of the Central Council. A spirit of reform rose up within the Association, and gradually the new constitution was elaborated. The future is full of promise. New members have already been attracted to our ranks, and the time, I hope, is not far distant when we can boast that we have enrolled in our ranks every respectable member of the medical profession.

During the past year the Branch has lost by death one of its most distinguished members. Two years ago Dr. Fray Ormrod gave us in his presidential address a very forcible and practical account of some of the extraordinary duties of the general medical practitioner. He had been for many years an active member of the Association, and he had a high ideal of the position and responsibilities of a medical practitioner. In 1888 it was my duty as the representative of this Branch to bring before the Council of the Association the heroic conduct of Dr. Ormrod in connexion with a disastrous colliery explosion near Workington, and I proposed that the gold medal for distinguished merit be awarded to him. This was seconded by Sir Walter Foster, M.P., and carried. In due course the medal was presented at the Glasgow meeting by Sir William Gairdner, K.C.B., and the magnificent reception then accorded to Dr. Ormrod has only been equalled in my experience of annual meetings by that accorded to Surgeon-Captain Whitchurch, V.C., the hero of Chitral, to whom I presented a similar medal at the Carlisle meeting in 1896, when a scene of enthusiasm occurred which, I think, will be fresh in the memories of many of you.

Having thus briefly sketched the history of our Branch, I now come to the main part of my address. I propose to give you a short account of the life and work of some of the more eminent members of our profession who, by descent or residence, have been connected with Cumberland, in the earnest hope that the record of their labours may stimulate all of us to increased exertions in promoting the science and art to which we have devoted our lives. Taking them in chronological order, the first name that claims attention is John Radcliffe, M.D. (1650-1714), who was born at Wakefield, in Yorkshire, and was not a little proud of his Cumbrian descent. Sir Francis Radcliffe, Earl of Derwentwater, acknowledged him as a kinsman, and suffered him to bear the family arms on his coach, which none of the college belonging to the Earl Marshal thought fit to animadvert upon during his life. As a physician Radcliffe was an acute observer of symptoms, and in many cases was peculiarly happy in his treatment. Dr. Mead, who succeeded to much of his practice, wrote of him that "he was deservedly at the head of his profession on account of his great medical penetration and experience." He died from apoplexy in 1714, and left a large fortune by which the University of Oxford, St. Bartholomew's Hospital, and the medical profession largely profited. There is a portrait of him, two biographies, and many particulars of his life in the Radcliffe papers in the Jackson Library, Tullie House, Carlisle. Here also is to be found a copy of the *Gold Headed Cane*, a work describing various adventures in the lives of several great physicians. The gold headed cane is now one of the treasured possessions of the College of Physicians in London. Its first owner was Radcliffe, who bequeathed it to Mead. It then became the property of Askew, a famous Westmorland medical worthy. By Askew it was bequeathed to Pitcairn, who in his turn left it to

* Read at the annual meeting of the Branch, June 30th, 1904.

Baillie, and by the widow of the latter it was presented to the College.

A notable man in his day was Caleb Threlkeld (1676-1728), who was born at Keibergh, now known as Caber, in the parish of Kirkoswald. In 1698 he graduated as M.A. in the University of Glasgow, and soon afterwards became a Nonconformist preacher. After a few years he began his medical studies and graduated M.D. of Edinburgh on January 26th, 1712-13. Settling in Dublin he preached in a conventicle on Sundays and acted as a physician week days. On becoming reconciled to the Established Church he devoted himself entirely to medicine, and especially to the study of botany. In 1727 he published a work entitled *Synopsis Stirpium Hybernicarum*, a copy of which is in the Jackson Library. He died in 1728. Of Addison Hutton, M.D., I can trace few particulars. He was the last heir (male) of an ancient Cumberland family, the Huttons of Gale and Hutton Hall, Penrith, who trace back to Adam de Hoton in the reign of Edward I. He studied at Queen's College, Oxford, taking his A.B. in 1731, M.B. in 1734, M.D. in 1737, and became a Fellow of the College of Physicians in 1738. He was appointed Physician to St. George's Hospital in 1736, and died in 1742.

John Coningham, M.D. (1696-1749), had a somewhat similar record. He was a native of Cumberland, educated at Leyden, and graduated M.D. at Rheims in 1719. He was created a Doctor of Medicine at Cambridge in 1728, and admitted as a Fellow of the College of Physicians in 1729. He practised in London, was appointed Physician Extraordinary to the London Hospital in 1742, and died in 1749.

The next Cumbrian worthy to whom I wish to call your attention is John Leake, M.D. (1729-92), who was born at Ainstable, in this county, of which place his father was curate. He took his M.D. degree at Rheims in 1763. He practised at Lisbon apparently about the time of the great earthquake, but afterwards settled in London, where he especially devoted himself to midwifery. He was the founder and first physician of the Westminster Lying-in Hospital. Between 1767 and 1792 he was the author of many works mainly dealing with midwifery and the diseases of women. He died in 1792, and was buried in the North Cloister of Westminster Abbey.

Of John Relph, a native of Cumberland, who took his M.D. degree at Leyden in 1778, I can obtain few particulars. He practised in London, became physician to Guy's Hospital in 1789, and died in 1804. He was the author of *An Inquiry into the Efficacy of Yellow Peruvian Bark*, published in 1794.

William Woodville, M.D. (1747-1805), was one of the most famous botanists of the eighteenth century. He was born at Cockermouth in 1747, and educated at Edinburgh, where he became a favourite pupil of Cullen. He graduated M.D. in 1775, and after practising a few years at Papcastle, in this county, and Denbigh, North Wales, he settled in London in 1782, and in 1791 he was elected physician to the Small-pox and Inoculation Hospitals. At the former institution there were about two acres of ground belonging to the hospital which he appropriated as a botanical garden and maintained at his own expense. This gave him abundant opportunity of cultivating his favourite science. He was the author of a work on medical botany in three volumes, published in 1792, a supplementary volume of the same in 1794, and he also wrote *The History of the Inoculation of Small-pox in Great Britain*, as well as other works on cow-pox inoculations and cow-pox. He died in 1805 from a chronic pulmonary complaint. Another native of Cockermouth, born a few years after Woodville, became prominently identified with public vaccination. This was John Walker, M.D. (1759-1830), the son of an ironmonger and smith. After following his father's trade for some time he became a schoolmaster, and published *The Elements of Geography* and *The Universal Gazetteer*. He then began his medical studies at Guy's Hospital, and after studying at Paris and Leyden he graduated M.D. at the latter place in 1799. In 1800 he was associated with his friend, Dr. Marshall, as the bearer of vaccine lymph to Naples at the request of the Neapolitan government. Subsequently he devoted his life to promote the cause of public vaccination, and he was accustomed to boast that he had personally vaccinated over 100,000 persons. His life, by Epps, is in the Jackson Library. He died on June 23rd, 1830. Christopher Stanger (1759-1834) was a contemporary of Walker. He was born at Whitehaven, and was the son of a merchant. His family had for centuries owned estates near Keswick. After an apprenticeship at Newcastle-upon-Tyne he studied at Edinburgh, graduating M.D. in 1783. He then visited the chief medical schools of the Continent, including Paris, Vienna, Montpellier, Gottingen, and Leyden. On his return in 1789 he was admitted L.R.C.P.Lond., and in the following year became Professor of Medicine in Gresham College. In 1792 he was appointed Physician to the Foundling Hospital. He was an active leader in the agitation waged for many years against the College of Physicians, which ultimately resulted in the Fellowship being thrown open to graduates of other universities besides those of Oxford and Cambridge, and in 1798 he published *A Justification* on this subject, a copy of which is in the Jackson Library. He also wrote on the suppression of contagious fevers in the metropolis. He died in 1834.

In the presidential address which I delivered before the annual meeting of the Association in Carlisle in 1896 I referred at some length to Wm. Brownrigg, M.D., F.R.S. (1711-1800), physician and chemist; to John Heysham, M.D. (1753-1834), physician and naturalist, the author of the *Carlisle Tables of Mortality;* to Thomas Addison, M.D. (1793-1860), the well-known physician of Guy's Hospital; and to Francis Sibson, M.D., F.R.S. (1814-1876), physician to St. Mary's Hospital; and I need not here recapitulate their claims to distinction. Probably the most distinguished surgeon which this county has produced was Joseph Hodgson (1788-1869). He was born at Penrith and was educated at Birmingham, becoming a pupil of Mr. Freer at the General Hospital. He afterwards entered St. Bartholomew's Hospital, where he was a co-worker with Travers, Brodie, and Lawrence. Qualifying as M.R.C.S.Eng. in 1811, he secured in the same year the Jacksonian Prize Essay for a paper on wounds and diseases of arteries and veins. He began practice in Cheapside, and became editor of the *London Medical Review;* but in 1819 he removed to Birmingham, was speedily appointed surgeon to the General Hospital, and took an active part in founding the Birmingham Eye Infirmary. For thirty years he was engaged in one of the largest and most important practices perhaps ever engaged in by a provincial surgeon. He was a successful operator, especially as a lithotomist, and it is recorded that he cut 84 patients and only lost 4—a remarkable achievement in the pre-antiseptic days. He was the first to suggest the addition of the screw to the lithotrite. In 1849, having accumulated a handsome fortune, he returned to London, was at once elected on the Council of the College of Surgeons, having been appointed a Fellow by the charter of 1843. He delivered the Hunterian Oration in 1855. In 1856 he was appointed examiner, and to his courtesy and fairness in this capacity I can bear testimony from personal experience in 1863. He was elected F.R.S., President of the Royal Medical and Chirurgical Society, and President of the College of Surgeons. He died on February 7th, 1869.

Thomas Barnes, M.D. (1793-1872), was born near Wigton in this county, and served his medical apprenticeship with Dr. Joshua Rigg, at that time the only medical practitioner in the district. In those days the lot of doctor's apprentice was a hard one. Work began at six in the morning and ended at ten at night. After the usual apprenticeship period he went to Edinburgh, and after spending two winters there and one in London, he studied for some months on the Continent, visiting the chief hospitals both in France and Germany, and had the good fortune to be present at the latter part of the battle of Waterloo. After his return he went again to Edinburgh, and graduated M.D. in 1817. Settling in Carlisle, he was soon appointed Physician to the Carlisle Dispensary, and in 1820 he founded the Carlisle Fever Hospital. Subsequently he founded the Cumberland Infirmary, which was opened in 1842, and he was appointed its first Physician. He contributed many articles to the *Edinburgh Medical Journal*, read a paper on Abscess of the Lung before the British Association at Newcastle in 1838, and contributed a Biography of Dr. Jackson, Inspector-General of Hospitals, to the third meeting of the Provincial Medical Association. He was the author of two papers "On the Meteorology of Carlisle," which were read before the Royal Society of Edinburgh, the first of which procured for him the distinction of election as a Fellow. The topography of Cumberland and Dumfriesshire in the *English Cyclopaedia* was from his pen. He also published a work entitled *Observations on Establishing Infirmaries*, which passed through two editions. He held for many years a leading position as a consultant in the Northern Counties. He took a prominent part in the public life of this district, and was an active county magistrate for many years after his retirement from practice. He was the first president of this Branch, and in his inaugural address he gave us a forcible exposition of the waves of thought which had passed within the

scope of his recollection of medical practice. He died on March 31st, 1872. There is one obligation which I owe to him. He was my uncle, and it was due to his persuasion that I was induced to adopt the medical profession, and in the earlier years of my practice his wise counsel and judicious guidance were most helpful. From him I heard much of the physicians and surgeons of the first half of last century who lived and worked in this county. These included Dr. Thomas Blamire, six times Mayor of Carlisle, Dr. Hugh James, the blind physician, Dr. Robert Harrington, a prolific writer on chemistry and natural philosophy, Sir Joseph Dacre Appleby Gilpin, a distinguished army surgeon and four times Mayor of Carlisle, and Sir Simon Steward, F.S.A., who served his country with great distinction in India. I am tempted to linger over the stories of the achievements of some of these worthies, but time will not permit. I have still to record the labours of some who have lived and worked within the memory of many of those who are still with us.

Henry Thompson, M.D. (1815-1897), was born at Workington and received his early education at Shrewsbury. He then proceeded to St. John's College, Cambridge, took his degree in 1838, and was seventh in the first class of the classical tripos. He was elected a Fellow of his college, and at the time of his death was the senior Fellow. He studied medicine at St. George's Hospital, and graduating M.D. at Cambridge he settled in London, became a Fellow of the College of Physicians, was appointed Assistant Physician to Middlesex Hospital in 1855, and in 1860 became Physician. He retired in 1879 and was appointed Consulting Physician. He took an active part in preparing the first volume of the *Nomenclature of Diseases* for the College of Physicians, and he published a volume of clinical lectures, an extremely able and valuable production.

Joseph Dickinson (1812 1865) was born at Red How, near Cockermouth. He was educated at Dublin, graduating M.B. in 1837, and as M.A. and M.D. in 1843. He settled in Liverpool, became Physician to the Royal Infirmary and Lecturer on Materia Medica and Botany in the Liverpool Medical School. His researches in botany procured for him his election as F.R.S. in 1854. He published *A Flora of Liverpool* in 1854. He was a Fellow of the Linnaean Society, a member of the Royal Irish Academy, and also a Corresponding Member of the French "Académie des Sciences." He was well known as an able practitioner and consultant, and had an extensive practice. When the British Medical Association met in Liverpool in 1859 he was selected to deliver the address on medicine, but unfortunately at the last moment severe illness prevented him from fulfilling this congenial duty. He died in 1865.

Robley Dunglison (1798-1869) was born at Keswick, and was the son of a woollen manufacturer. After a medical apprenticeship in his native town, he studied in London, Edinburgh, and Paris. Having qualified as a surgeon and apothecary, he started practice in London; but having ambition to rise higher in the profession, he obtained the M.D. of Erlangen. Shortly after this he was selected to fill one of the medical chairs in the University of Virginia. Most of the professors in this institution were foreigners, and Dr. Gross of Philadelphia, who afterwards wrote the biography of Dunglison for the College of Physicians of Philadelphia, says that no appointment proved so advantageous to the United States as that of Dr. Dunglison. In 1833 Dunglison became Professor of Materia Medica, Therapeutics, and Medical Jurisprudence in the University of Maryland. Three years later he was appointed Professor of the Institutes of Medicine in the Jefferson Medical College at Philadelphia, a chair expressly created for him, and which he held until 1868, when ill-health compelled him to resign. In his literary labours he engaged upon a great variety of subjects, professional, scientific, and miscellaneous. His *Human Physiology* passed through eight editions, *Medical Dictionary* twenty editions, *Materia Medica* six editions, *New Remedies* seven editions, and *Practice of Medicine* three editions. He died April 1st, 1869.

Henry Lonsdale (1816-1876) was born at Carlisle, and at the age of 15 became apprentice to Messrs. Anderson and Hodgson, surgeons in this city. He afterwards studied in Edinburgh, became assistant to Knox, the famous anatomist, and, after some time spent in Paris, obtained his M.R.C.S. and L.S.A. in 1838. He began to practise at Raughton Head, where he witnessed an epidemic of diphtheria, at that time a disease rarely known in Great Britain. In 1840 he moved to Edinburgh, took his M.D. degree, and began practice as a physician. In 1841 he became a Fellow of the Edinburgh College of Physicians and read a paper before the College on the Terminal Loops of the Nerves in the Brain and the Spinal Cord. His discovery of these loops was obtained from a dissection of a monstrosity, the report being published in the *Edinburgh Medical Journal*. He was President of the Royal Medical Society, and for two years President of the Hunterian Medical Society. In 1841 he was appointed Physician to the Royal Public Dispensary. He lectured on anatomy for several sessions in conjunction with Spence and Handyside. In 1845, in consequence of an increasing tendency to bronchitis, he relinquished his brilliant prospects in Edinburgh, and settled in Carlisle. In 1846 he succeeded Dr. Goodfellow as Physician to the Cumberland Infirmary, an office he held for twenty-two years. To the deficiency of vegetable food, consequent on the potato blight in 1846, Lonsdale, after a thorough investigation, attributed an epidemic of scurvy then prevailing in a district north of Carlisle. In 1847, in view of cholera spreading westward, he established a sanitary association in Carlisle. After his marriage in 1851 he withdrew himself from public affairs and professional work to a large extent and devoted himself to the writing of biographies, his first being that of Musgrave L. Watson, the sculptor. Subsequently he wrote the lives of John Goodsir and Robert Knox, anatomists; John Heysham and Thomas Addison, physicians; William Woodville, botanist; Sir James Graham, statesman, and many other Cumberland worthies. Of his life of Watson the *Saturday Review* said: "He has had a worthy biographer, whose book is almost the only one relating to art or its professors in our language worth reading, except the lectures of Flaxman." Of his life of Goodsir the *Edinburgh Medical Journal* says it is "a valuable memoir," and expresses its gratitude to the biographer for his meritorious labour. Lonsdale was never a member of this Branch, but he viewed its foundation with favour. He died July 26th, 1876.

If time had permitted I should have liked to have given you a fuller account of a few of the earlier members of this Branch, but I must content myself with a brief notice. There was David Ross Leitch, M.D. (1809 81), poet and critic, an able reviewer, and a contributor to Wilson's *Tales of the Border*. He practised for many years at Keswick, was a keen supporter of the Volunteer movement, and an ardent sanitary reformer. Robert Elliott, M.D. (1811-82), was the fourth President of this Branch. He was formerly Lecturer on Materia Medica and Hygiene in the Newcastle Medical School, but settled in Carlisle in 1848. He was unceasing in his advocacy of sanitary reform, and actively promoted all movements for the amelioration of the physical and moral condition of the working classes. He was Mayor for the City in 1855, and subsequently held the offices of Justice of the Peace, Coroner for the City (in 1873), and first Medical Officer of Health. He was Physician to the Dispensary, and in 1873 was elected Fellow of the Royal College of Physicians. William Bousfield Page (1817-86) was the first Surgeon of Cumberland Infirmary, and was well known as a bold and successful surgeon. He took his M.R.C.S. in 1841, and became F.R.C.S. in 1846. He reported his first success as an ovariotomist in 1845, and in 1846 he reported two cases of complete success in excision of the knee-joint. He was one of the first British surgeons to perform the operation of excision of the os calcis as a substitute for amputation. He held many important offices; was a justice of the peace for both the city and county and a D.L. for Cumberland. Michael Waistell Taylor, M.D. (1824-92), practised for many years at Penrith, and was the second President of this Branch. On graduating he obtained a gold medal for his thesis on the Pathology of the Urinary Secretion. He was one of the founders and an early President of the Hunterian Medical Society. In 1845 he settled in Penrith. In 1858 he achieved distinction by the discovery that scarlet fever might be caused by the contamination of the milk supply. He was the second President of this Branch, and contributed many valuable papers to our meetings. He was a keen archaeologist and made many important local discoveries, including "Vestiges of Celtic occupation of Ullswater," "The star-fish cairns of Moor Divock," and "The Croglin moulds for casting spear heads in bronze." He prepared an important monograph *On the Castles and Manorial Halls of Cumberland and Westmorland*. He was elected F.S.A. in 1886. Dr. Taylor was a good example of the best type of general practitioner, fully conversant with his work, and ever ready to help a professional brother. He was succeeded in the presidency of this Branch by another notable general practitioner, Thomas Francis I'Anson, M.D. (1825-98), who

for more than fifty years held a leading position and took an active part in the public life of Whitehaven. Dr. I'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 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 sluggard 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

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