Medico-Ethical.

The advice given in this column for the assistance of members is based on medico-ethical principles generally recognized by the profession, but must not be taken as representing direct findings of the Central Ethical Committee.

SUPERSESSION.

INJURED BEGINNER writes: A. has been the medical attendant of B.'s family for several years, and has recently attended Mrs. B. in her confinement. Six weeks later B.'s child was taken ill, and C. was called in; after attending for a week the child grew worse, and a consultation with A. was requested. C. saw A., who refused to consult with him. C. then offered to hand over the case to A. entirely, but A. refused, saying he would have nothing to do with the case. Later on the same day B. called to see A., who then went to see the patient, and sent a message to C. to ask him to meet him. C., being busy, said he would be round in half an hour. A.'s partner, who had not previously seen the case, called for C., and these two went to see the case together. They found that A. had already visited the case. C. then retired, and refused to attend any longer. Was A. justified in his action, and was C. well guided in offering to retire in the first place, and in refusing to continue in attendance after A.'s visit?

*** A. might have shown more consideration for C. It was discourteous to refuse either to consult with C. or to accept C.'s offer to resign the case in his favour. C.'s conduct was correct up to the moment when A. relented and agreed to consult with him. If C. could not go when sent for he should have written to A. to explain and to request the postponement of the consultation, or, if this was impossible, to ask A. to see the case alone, and talk it over with him afterwards. A. could hardly be expected to wait half an hour, and under the circumstances he was justified in seeing the patient, but he should have left a note for C. If C., instead of retiring from the case, had called on A. to talk over the matter, it is to be hoped that mutual explanations would have followed, and the matter would have ended differently.

A DISCLAIMER.

SEAGHAN P. MACENRI (John P. Henry), Dublin, writes: A short time ago I was consulted about his eyes by the editor of a provincial newspaper. On his return home, being evidently unacquainted with the rules of the medical profession, he inserted in his paper a laudatory paragraph about me. I wish to say that the paragraph in question was written and inserted without my knowledge, consent, or approbation.

Medico-Legal.

DEATHS UNDER CHLOROFORM IN GENERAL HOSPITALS.

DR. WALDO, Coroner for Southwark, held an inquest on December 7th on a patient who had died in Guy's Hospital while under an anaesthetic given preparatory to an operation for cancer. This was, it appears, the thirty-eighth case of death under anaesthetics at Guy's which had been investigated by the same coroner since the middle of 1901, a period of six and a half years. The patient, John Chinn, aged 68, had had an attack of pneumonia in May last, and had subsequently complained of a swelling in the neck for which he had sought advice at the Throat Hospital, Golden Square, and the Seamen's Hospital, and had ultimately been admitted to Guy's on October 15th. On October 17th one-half of the tongue was removed for cancer, the patient being under anaesthetics for an hour and a half, and five weeks later a second operation for the removal of glands was done under A.C.E. The third, which was for the removal of wires inserted at the first operation, was to have taken place on December 3rd. At the autopsy mucc-pus was found in the bronchi, and cystic disease in one of the kidneys. The following is briefly the medical evidence given:

Dr. J. S. Hooper, House-Surgeon at Guy's, said the deceased was in hospital for cancer of the tongue when witness took up his duties on November 1st. Mr. Golding-Bird had removed half the tongue on October 17th under an anaesthetic given by the house-surgeon. The patient was an hour and a half under anaesthetic, and got over it all right. At the second operation A.C.E. was given, and there was no difficulty. For the third operation patient had been properly prepared, his urine was examined under witness's direction, and at his request Mr. Smith, one of the clinical assistants, gave the anaesthetic. At first A.C.E. was given on a cone with a sponge in it, and then this was changed for chloroform given in a definite proportion of not more than 2 per cent. The first sign of anything wrong was a little coughing after the patient had been inhaling about five minutes. There was no vomiting, but he went a little blue, and then the respiration stopped. The chloroform was removed and artificial respiration used for three-quarters of an hour.

Mr. H. J. Smith, M.B., Clinical Assistant at Guy's, said clinical assistants gave anaesthetics when called upon. Ether was safer than chloroform, but was inadmissible for operations on the jaws. A.C.E., followed by chloroform, was best. In this case he had given the chloroform by the Junker inhaler, by which not more than 2 per cent. could be given. The patient had twice previously been anaesthetized and bore it well. He was a sober man. There was no excitement or struggling. Both pulse and respiration were carefully noted by witness. The first symptom of anything wrong was coughing. Then the change from A.C.E. to chloroform was made. Respiration became difficult, and then the pulse stopped. Ether was injected, hot flannels applied, and artificial respiration used. He attributed death to a sudden dilatation of the right side of the heart due to the coughing. It was not due to an overdose of chloroform. The patient had only about four breaths of chloroform. Witness had given anaesthetics in about 100 cases.

Dr. Theodore Fisher said he had had considerable experience in making *post-mortem* examinations. He found on external examination the body fairly well nourished. On internal examination he found the heart very slightly enlarged and the tricuspid orifice slightly enlarged; there was no fatty degeneration. The large vessels were on the whole healthy. There was some mucc-pus in the bronchi; there was no disease of the lungs, stomach, liver, or other organs except the kidneys; there was hydronephrosis of the left kidney and cysts in the right. He attributed death to respiratory and cardiac failure. He thought defective aëration of the blood, due to obstruction of the large bronchi by thick mucc-pus, had predisposed to cardiac failure.

The Coroner having summed up, the jury wished to return a verdict of natural death, but, being reminded by the Coroner that death under anaesthetic could not be considered natural, agreed on the following verdict:

"That the deceased died from heart failure following a fit of coughing while under an anaesthetic, and that death was due to misadventure."

A CASE OF POISONING BY CARBON MONOXIDE.

WE are indebted to Dr. Waldo, Coroner for the City of London, for reports of a case of medico-legal importance, among the points of interest being the failure of the blood in the poisoned person to respond to spectroscopic tests, the fact that none of those who approached the locked door where the gas had escaped, and who ultimately broke it open, smelt gas; and that the glass in closed windows of the room remained intact, although the upper part of door was blown out and the wall bulged, as a consequence of the explosion which followed the introduction of a lighted candle into the room. Several witnesses having testified that there was no smell of gas until the room was entered, medical evidence was given by Dr. Wirgman who was called in to see the sufferers from the explosion immediately after its occurrence. He said the woman smelt very strongly of celluloid: and he picked up a haircomb made of that material on the stairs. The deceased, Mr. Levantin, who was quite unconscious when he saw him, but was breathing normally, was slightly burnt on the left cheek, and his hands were scorched. The left shoulder of his coat was burned. There was no smell whatever in his breath. If coal gas had been inhaled, he would have expected to have found some smell of it at his mouth. The pupils of the eyes were normal, and the whites were not reddened. The skin of the man's face, except where burnt, was practically of the normal colour. He thought there was a possibility of the cause of the condition being coal gas, or that it might have been due to his having thrown down an explosive. Mr. Levantin seemed to be burned at the back of his neck. He never regained consciousness so as to make a statement.

Dr. F. Womack said he had conducted a careful examination of the viscera, blood, etc. of deceased. He found no trace of metallic or alkaloid poisons—no strychnine nor morphine. According to one test he made, carbonic oxide was not present: and another test also gave a negative result. With coal gas 1 part in 10,000 would give a characteristic smell: while proportions of 1 part of coal-gas to 9 parts of air would give a perfect explosive mixture. In a case of gas poisoning he would expect to smell gas in the victim's breath. At the adjourned inquiry a further report by Dr. Womack, who, owing to an injury to his knee was unable to be present, was read by the Coroner. In it he said that he had further examined the materials received. The urine was slightly alkaline, nearly clear. It contained neither albumen or sugar. These bodies, though occasionally found in cases of carbon monoxide poisoning, were not at all characteristic. Some dried vomit, together with that on a handkerchief, had been submitted to a very careful analysis, but did not contain any trace of organic or inorganic poison (no alkaloid). He had examined the small quantity of bloodstained fluid in the jar of viscera, and was now satisfied as to the presence of carbon monoxide in the blood. The proportion of the colouring matter of the blood

(haemoglobin) which was converted into carboxyhaemoglobin (the compound of haemoglobin with carbon monoxide) was approximately 18 per cent. This was a proportion that would probably eventually prove fatal. The failure of the spectroscopic test, he said, must be attributed to the percentage of carboxyhaemoglobin being too small for this method. He had, however, succeeded in detecting it by two chemical tests. These were both entirely satisfactory; and by comparison of the colour with that of a solution of carboxyhaemoglobin of known strength, he estimated that the blood contained 18 per cent. of carboxyhaemoglobin. He therefore wished to modify his former opinion, and state that, while agreeing that the cause of death was primarily heart failure from shock due to burns, a contributory cause was carbon-monoxide poisoning. He understood that at Guy's Hospital the man had been kept alive for some hours with oxygen inhalation, and thought that during this time the proportion of carboxyhaemoglobin was lessening, and that, but for this treatment, he would probably have died sooner from carbon-monoxide poisoning.

The Coroner pointed out that this was in agreement with Dr. Kenelm Digby, who said that the fact that the man had lived 8½ hours from the time he was taken out of the room, and that during this time he was treated first by artificial respiration and then for five hours by inhalation of pure oxygen, would account for much of the carbon-monoxide being got rid of.

The Coroner having summed up, the jury returned a verdict of suicide, and that the cause of the explosion was illuminating gas, due to the presence of 10 per cent. carbon-monoxide in a mixture of 75 per cent. coal gas and 25 per cent. carburetted water gas.

EXHUMATION OF THE BODY OF AN INFANT.

IT is a sufficiently rare occurrence for the body of a child which had lived but a little over a fortnight to be exhumed by order of the Home Secretary, but such a case has just occurred at Aston, Birmingham. The main facts of the case are brought out in the medical evidence at the inquest.

Dr. F. J. Vincent Hall said he first saw the child in the street, and sent the midwife with it to his surgery, telling her it was suffering from erysipelas. At his surgery he took the child's temperature, and expressed the opinion that the child had been neglected. The temperature was practically 105°. He notified the case as one of erysipelas. Next day, when he saw the child at home, the inflammation had spread all over its body. Subsequently he learned that the child had died, that Dr. Dixon had given a certificate, and the father had registered the death. Witness thereupon wrote to the sanitary authorities and the police, and finally to the Home Secretary, and as a result the exhumation had taken place.

Dr. Frank Dixon said he was called in by the father to see the child on November 27th, and found it suffering from a disease of the skin. It was a well-nourished child, and when he saw it was perfectly clean and dry. He did not consider the child to be suffering from erysipelas, nor would blood poisoning account for its condition. In his opinion death was due to pemphigus. He so described it in the death certificate.

Dr. Whitehouse, police-surgeoon, who made a *post-mortem* examination, said death was due to exhaustion following upon pemphigus. He did not think it had suffered from erysipelas.

The Coroner having summed up, the jury after consultation returned a verdict of "Death from natural causes" in accordance with Dr. Whitehouse's evidence. They were of opinion that Dr. Hall was quite right in having the inquiry, and that Dr. Dixon was wrong in giving a certificate of death so soon.

"REASONABLE CARE AND SKILL"

IN a case recently heard in the Manchester County Court Judge Parry put the legal position with regard to cases of alleged negligent treatment by medical men very clearly and pithily. The case was one in which payment of an account for attendance on a child was resisted by the parent on the ground that the doctor had been grossly negligent, and his defence to this charge was undertaken by the Medical Defence Union. It was alleged on the part of the medical men concerned that the child had been suffering from pneumonia and that treatment recognized by the profession to be appropriate to this disease was followed. The case was adjourned for further medical evidence, when another doctor who had been called in subsequently stated that the child had suffered from meningitis, and that if there had been pneumonia it was secondary, but he admitted in answer to a question that he could not say that the first doctor had failed to use reasonable care and skill. Defendant's solicitor thereupon said that he could not carry the defence any further.

His Honour said he quite agreed. It was a hopeless case from the beginning. It ought to be thoroughly understood that in treating illness a doctor only undertook to bring to bear a reasonable degree of professional care and skill. He never undertook to perform a cure, any more than a lawyer undertook to bring his case to a successful issue. He didn't even undertake to bring as much skill to bear as another doctor might. There must be judgement for the plaintiffs, with costs.

Mr. Hislop, the defendant's solicitor, pointed out that the defendant was only a tram driver, and asked for time in which to pay.

His Honour: That is just like a defendant. First of all he won't pay, then he blackguards the doctor, and then he asks for that doctor's mercy and time in which to pay. However, I don't suppose Dr. Gregory has any vicious feeling. He was bound to justify himself, and I shall make a small order for ten shillings a month.

MUCH ADO ABOUT NOTHING.

WHEN a coroner who is also a medical man proclaims in the public press that there have been gross irregularities in connexion with inquests which he has held in a public institution, and charges one of the junior members of the medical staff of the institution with gross ignorance, we naturally expect to find some startling facts brought forward to justify these allegations. According to the report which appeared in the *Manchester Evening News* of November 29th, however, the chief complaints which Mr. E. A. Gibson, M.B., Coroner for the City of Manchester, brought forward were that in one case an autopsy had been made without his permission and that in another the body was actually removed and buried before he could hold an inquest. On investigation by the Chorlton Board of Guardians it appeared that in the first case mentioned the medical officer need not have reported it to the Coroner at all, but did so as a matter of courtesy, giving him ample time to interfere if he thought fit; while in the other case, which happened some time ago, the Chairman of the House Committee of the Withington Workhouse, the institution in question, declares that the facts are that the Coroner had decided that an inquest was unnecessary, and this coming to the knowledge of the workhouse officials, they had handed the body over to the relatives, who had travelled from Denton for it. Immediately afterwards the Coroner's officer arrived with the permit, but, on learning that the body had been removed, declined to hand it over.

The charge of gross ignorance was made in connexion with some point of what is popularly known as "Crowners' Quest Law," a subject on which few medical practitioners, we believe, who are not themselves coroners or barristers, would care to submit themselves for examination.

The case has quite naturally given rise to a good deal of irresponsible chatter in the local press, and we cannot think that any public advantage is likely to arise therefrom.

WORKMEN'S COMPENSATION CASES.

Finality of a Certificate.—On November 26th the Court of Appeal heard an appeal on the part of Messrs. Bromilow and Co., who complained that the county court judge at St. Helens had not given due effect to the certificate of a medical referee. It appeared that the certificate of the medical referee set forth that the applicant had recovered from an accident which he had sustained, and that he was able to resume work on December 5th, 1906. As the result of another accident, however, his employers undertook to pay him 10s. a week down to March 22nd, 1907. Before this payment stopped there was a report from the medical referee to the effect that the workman was fit to go to work. After March 22nd there was an appeal to the Court to assess the compensation, when the applicant was met by the referee's certificate. This certificate was to the effect that the results of the accident were gone, and that, if the man was suffering from anything it was neurasthenia which had nothing to do with the accident. This, however, was not regarded as conclusive by the county court judge, and his award of compensation was appealed from. The Master of the Rolls asked Mr. Lord, who represented the workman, if he would be satisfied if they varied the order by giving compensation from April 13th. Counsel for the plaintiff said he would assent to that if it did not affect the costs. The Court then varied the order of the county court judge by stating that he was wrong in holding that the certificate was not conclusive of the applicant's condition, and directed that the compensation should date from April 13th instead of from March 22nd.

Whom to Sue for Fees.—Davis *v.* Jackson, Liverpool County Court, December 3rd: This case raised a question of some interest as to the person to whom the doctor who is called in in a compensation case should look for payment of his fees. The plaintiff sought to recover from a firm of wholesale druggists fees for professional attendance upon a girl who was injured in the course of her employment. She had made a claim for compensation under the Act of 1906 which had been honoured by her employers; but the doctor's charges were not included in the settlement, though according to her relatives who took charge of her after the accident, the defendants (her employers) had engaged the doctor and had agreed to pay his charges. Witnesses called on the plaintiff's behalf said that one of the defendants had stated that the firm would pay the doctor, and that the plaintiff had actually been called in by a forewoman in the defendants' employ. The defendants denied that they had employed the plaintiff, or that their forewoman had any authority to call him in. In the event, His Honour gave judgement for the plaintiff for the full amount claimed, with costs.

A RETIRING PARTNER.

NEMO writes: A. B., aged 25, paid £500 to Y. Z. for the half share of a country practice worth £900 a year. In seven years, according to the agreement, A. B. was to purchase a further share for £200, and in ten years, or on the death of Y. Z., A. B. was to purchase the remainder. Between four and five years have elapsed, and now Y. Z. wishes to retire. What compensation should he receive for leaving the practice earlier than settled by the agreement?

*** Y. Z. cannot retire without the consent of A. B., and, if he wishes to retire, he must come to terms with A. B. In estimating the compensation to be paid to Y. Z., the chief factors to be considered are: (1) The present value of the practice; (2) the probable effect on the practice of Y. Z.'s premature retirement. It is impossible to give further advice on the data. The matter is one which only A. B. can properly decide.

LIABILITY FOR ACCIDENT.

A CORRESPONDENT puts the following legal conundrum: A. is the *locum tenens* of B. B., for the purposes of his practice, is in the habit of jobbing a horse and trap, which A. has power to order when he requires it. While driving in the trap, A. is injured owing to the negligence of the driver. What are his remedies?

*** This question divides itself into two subsidiary questions—What are the rights of the *locum tenens* (*a*) by statute, (*b*) at common law? With regard to (*a*) he might have had a remedy against B. under the Workmen's Compensation Act, 1906, if the injury had been more serious; but it does not appear from the facts that he was disabled for any time from continuing the practice of his calling. We are advised that it would hardly be worth his while to prefer a claim under that Act. As to (*b*), which relates to the remedy at common law, the jobmaster clearly owed a duty to the person who hired his trap to provide a competent driver. It seems that on this occasion the *locum tenens* was the hirer, and that the duty was owing to him. We are advised, therefore, that an action could lie against the jobmaster. Upon the facts stated, we cannot advise what amount of damages ought to be claimed.

THE OBLIGATIONS OF A SUBSTITUTE.

VENATOR writes: In May, 1905, Mrs. S., when driving away from the house of A., whom she had just consulted, met with an accident for which she was treated at the house of friends, who summoned their own doctor B. When B. found that she was A.'s patient, although at the request of the lady he continued in attendance, he agreed to attend for A., to whom he handed the fees. In November, 1907, Mrs. S., who had in the meantime married again, asked B. to see her baby. We are asked to say whether the former attendance as A.'s substitute precludes B. from attending.

*** A sufficiently long time (more than two years) has elapsed to remove any close connexion between the two events, and moreover B. did not act as A.'s substitute at A.'s request, and his consenting to regard himself in that capacity and to pay over the fees was quite a sufficient compliance with the requirements of the situation.

SALE OF DEATH VACANCY.

M. was engaged some months ago as a *locum tenens* on account of the illness of the principal. The latter has since died, and his practice has been put in the hands of several medical agents for sale. Nothing has come of this, but M. has himself recently introduced a friend, who has purchased the practice. Is he entitled to a commission on this sale?

*** Not unless the executors of the deceased had agreed to pay him a commission. It is not usual for a medical practitioner to claim a commission under such circumstances.

UNDER the will of the late Mr. Edmund Kyffin Lenthall, of Besselsleigh Manor, near Abingdon, who died on July 24th, the Radcliffe Infirmary, Oxford, receives a sum of £1,000.

AT a meeting of the Dornoch Town Council, Dr. James MacLachlan was unanimously re-elected Provost of the burgh for another term of three years. This is the second time Dr. MacLachlan has been elected chief magistrate of Dornoch without a contest. We congratulate him on a distinction which shows how much his public services are appreciated by his fellow townsmen.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DR. BARCLAY SMITH has been appointed University Lecturer in Advanced Human Anatomy for five years.

The following have been appointed members of Boards:

Financial Board.—Dr. Anderson.
State Medicine.—Dr. Shore, Dr. Gaskell, Mr. Fletcher.
Anthropological.—Dr. Guillemard.
Medicine.—Dr. Gaskell.

Mr. W. Bateson, M.A., St. John's College, has been appointed Reader in Zoology.

The following have been appointed additional Examiners for medical degrees:

PART I.—Professor Sims Woodhead, Professor C. R. Marshall, St. Andrews University.
PART II. *Medicine.*—Dr. F. Parkes Weber and Dr. P. Horton-Smith-Hartley.
Surgery.—F. J. Steward, M.S., F.R.C.S.

Mr. F. P. Jepson, Pembroke College, has been appointed to the Research Studentship in Medical Entomology, in place of A. H. Lees, who has resigned.

The following degrees have been conferred:

M.D.—E. Ward, Clare.
M.B.—W. L. Cripps, Trinity; C. A. W. Pope, Trinity; F. A. Barker, Emmanuel; R. B. Lloyd, Emmanuel.
B.C.—A. S. B. Bankart, Trinity; R. Davies-Colley, Emmanuel.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

A MEETING of the Senate was held on November 20th.

Recognition of Teacher.

Dr. Frank Edward Taylor was recognized as a teacher of bacteriology at King's College.

Report from the Professor of Protozoology.

The report from the Professor of Protozoology for the year ending June 30th was received. The report stated that on November 15th Professor Minchin gave his inaugural lecture at the University of London, which, in spite of bad weather, was attended by about 300 persons. During May and June he gave a course of twenty-three lectures on protozoa at the Lister Institute, the average attendance at the lectures being twenty-five. Professor Minchin also reported that his assistant, Dr. J. D. Thomson, had been working in collaboration with Mr. Plimmer on the curative treatment of animals infected with trypanosomes, and that a preliminary communication was made by them to the Royal Society on July 10th last; Dr. Thomson had also completed some work, not yet published, on the cultivation of fish trypansomes. Dr. H. M. Woodcock, the other assistant to Professor Minchin, had been engaged upon various researches upon protozoa, had compiled the report upon protozoa for the Zoological Record for 1906, and had completed an article on flagellata for Lankester's *Treatise on Zoology*.

Addition to University Extension Board.

Dr. H. A. Caley, F.R.C.P., has been added to the Board to Promote the Extension of University Teaching for the remainder of the period 1907-8.

University of London Lodge of Freemasons.

At a regular meeting of the lodge held on November 14th Dr. Robert Maguire was installed Master of the lodge for the ensuing year.

University Library.

The University library at South Kensington is now open from 10 a.m. to 9 p.m. on Tuesday and Thursdays, and until 5 p.m. on other week days.

UNIVERSITY OF SHEFFIELD.

DR. ARTHUR HALL has been elected to the post of Lecturer on Practical Medicine rendered vacant by the resignation of Dr. W. Tusting Cocking.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

DIRECTOR-GENERAL OF THE ARMY MEDICAL SERVICE.

THE following has been substituted for Article 312 of the Pay Warrant: The appointment of Director-General of the Army Medical Service shall be for three years, unless the term is specially extended by the Army Council for a further period not exceeding two years, or for such time as may be necessary to enable the holder to complete thirty years' service.

THE VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

AT the head quarters of the London Rifle Brigade on the evening of December 9th, Sir Alfred Keogh, K.C.B., Director-General, Army Medical Services, inspected the classes of the