

**THE ANNUAL MEETING, SHEFFIELD.**

In the "Supplement" published with this issue will be found a list of hotels and lodgings at Sheffield, and a form to fill up intimating intention of being present at the Annual Meeting. It is particularly requested that members will notify as soon as possible, when railway vouchers for the reduced fares will be sent.

**British Medical Journal.**

SATURDAY, JULY 25TH, 1908.

**MEDICINE AND THE UNIVERSITY OF LONDON.**

LAST April, when referring to the defects which time was disclosing in the constitution of the University of London as settled by the commissioners in 1900, we ventured to express the opinion\* that the time had come for His Majesty's Government to appoint another royal commission with a wide reference to inquire into the constitution and regulations of the present Senate, which had been proved to be incapable of co-ordinating the work of existing institutions for higher education in London, or of laying down and carrying through any settled policy. Since that time opinion has moved strongly in this direction, and we understand that the majority of the Senate has declared itself in favour of making an application to the Government for such a commission.

The reconstruction of 1900, though it has not proved to be a final or, indeed, even a temporary solution, has undoubtedly advanced us towards that desired end, if only by enumerating and classifying, and bringing into the light of public appreciation and criticism, the numerous institutions of university rank in all faculties which exist in London. The Senate has afforded a field where the champions of the several branches of learning and education could at least grow to know each other, to understand each other's aspirations and ambitions, and to appreciate the force and the weakness of claims which, put forward in college prospectuses, introductory addresses, or controversial correspondence in the newspapers, were apt to be misunderstood or overlooked.

The assemblies of the Medical Faculty, and still more, perhaps, of the Medical Boards of Studies, have accomplished the miracle of bringing together representatives of the many competing medical schools in London for discussion and collective action. A Faculty consists of the teachers of the subjects with which the Faculty is concerned who are recognized for the purpose by the Senate, and that body is required to take care, and we believe does take care, that as far as possible all sections of teachers are represented. It is the duty of a Faculty to report upon any matter referred to it by the Senate, and it has the right spontaneously to consider any matter relating to courses of study, provision for teaching or research, examinations, or the granting of degrees in the subjects of the Faculty, and to report to the Senate thereon. The Boards of Studies, though the members are appointed by the Senate, are practically com-

mittees of the faculties, and in the Medical Faculty the three boards of preliminary, intermediate, and advanced studies consist almost solely of recognized teachers of the university. The Academic Council consists in addition to the three *ex-officio* members (Chancellor, Vice-Chancellor, and Chairman of Convocation) and a member nominated by the Senate, of the sixteen Representatives of the Faculties elected by these bodies to sit on the Senate. As the Senate on matters of importance cannot act without inviting and receiving a report from the Academic Council, and as the latter body before advising the Senate on any matter must invite and receive reports from the Board or Boards dealing with the Studies concerned, the machinery for bringing the opinion of teachers to the notice of the Senate is theoretically very complete. But the Senate is the supreme governing body of the university, and it is not compelled to have regard to the opinions expressed by the Academic Council or the Boards of Studies, so that when a matter comes to the Senate for final decision the result must depend very much on the persuasive eloquence and personal reputation and influence of the representatives on the Senate of the Faculties concerned more or less directly in the project on foot.

As we had cause to point out when last discussing this matter, the Senate is not so constituted as to make it a body well adapted for framing and carrying through a consistent policy. It was founded on a compromise, and one result has been to transfer the conflicts of the past from the public arena of convocation to the closed meetings of the supreme governing body, which ought really to discharge functions of a judicial character. Nevertheless, progress in medical matters is being made in certain directions, and of this progress the new regulations for medical degrees which the Senate has adopted after receiving reports from the academic and external councils, and from the Boards of Studies, are one of the most encouraging signs. The general idea of the new scheme is to find more time for the final subjects by making the teaching in the preliminary subjects—physics, chemistry, and biology—more directly preparatory to the study of anatomy, physiology, and pharmacology, and to teach anatomy and physiology with an eye more steadily fixed on the fact that they are for the medical student not ends in themselves but part of the institutes of medicine, the study of which is his real aim and object. For the first examination for medical degrees (in future to be so named) the biology taught is to be more general, more physiological and more of a preparation for human physiology, and the syllabuses in chemistry and physics have been remodelled. This examination may be passed one year after matriculation and Part I of the second examination six months later. The subject of this first part is organic and applied chemistry, and by "applied" we may in this connexion presumably understand physiological chemistry, so that this subject will be a direct preparation for physiology. In Part II of the second examination, for which he may present himself eighteen months after completing the first examination, or two years and a half after matriculation, the student will be examined in anatomy, physiology, and pharmacology. This will leave three years for the final subjects, but if any considerable number of students is to pass the second examination in the prescribed time, or anything like it, the teaching of anatomy

\* April 28th, 1902, p. 946.

and physiology will have to be very greatly improved, and the reign of the specialist in muscle-nerve preparations, or the stickler for a minute knowledge of trivial anatomical details, will have to be brought to an end. Otherwise, half the advantage of the new scheme will be lost, and it will inflict a hardship on students by compelling them to spend not an extra six but an extra twelve months in the schools. The institution of boards of examiners in the several subjects is a move in the right direction, and must have the effect of increasing the sense of responsibility in examiners, a sense the too frequent absence of which among examiners for the University of London has had and is having disastrous results on its prosperity and usefulness. The system has long been in force at the Conjoint Board, and its introduction into the university may facilitate an agreement should negotiations for co-operation between it and the Board be resumed.

The parlous state of the medical schools in London has been brought prominently to public notice during the last ten days by a correspondence in the *Times* started by Mr. Henry Morris. Various side-issues have been raised, and Mr. Stephen Coleridge has been afforded one more opportunity of gratifying his insatiable egoism. But the facts of the position have long been well known. For years the medical schools in London have been attempting the impossible. London does not need ten schools of physics, ten schools of chemistry, ten schools of biology, ten schools of anatomy, and ten schools of physiology for the proper instruction of the medical students who resort to the metropolis. We have no quarrel with the conclusion of the report of the Committee appointed by the King's Hospital Fund except that it was founded on narrow and pedantic premisses. It has long been a commonplace that the institutes of medicine cannot be properly taught on the basis of students' fees, and that endowments are necessary.<sup>1</sup> It is not to be desired that Mr. Morris's appeal for public benefactions to endow all the ten medical schools should meet with a direct and literal response; but with the principle which underlies his appeal the medical profession and every one who has studied the problems of higher education will be in thorough accord. As Dr. Lauriston Shaw said, in a very valuable contribution to the correspondence in the *Times*, "It must be clearly recognized that the day has passed when the Royal College of Surgeons and its sister College of Physicians were the predominant factors in professional education in this city. With the inevitable widening of the scope of the scientific education of medical men it became necessary to place the control of professional education under university authority, and the recent reorganization of the University of London has made this transference feasible." London does not need more than two or three schools of instruction in the preliminary and intermediate medical sciences. It already has two in University and King's Colleges. The scheme for a third centre at South Kensington is dead; the site conditionally promised has been assigned to another purpose, and the nucleus of a fund which had been collected is no longer available.

The proper place for one centre is the South of London, where there is a population of over two millions without any institution of university rank. It is clear that King's College, like King's College

Hospital, ought to migrate to the south of the Thames, but this is one of those logical decisions which are not taken in this country.

### SOME LEGAL ASPECTS OF ANAESTHESIA.

THERE are several medico-legal questions involved in the conduct of anaesthesia, and there has been some darkening of counsel through *ex cathedra* utterances. The legal status of a medical man who undertakes the serious responsibility of administering an anaesthetic to a human patient must be decided (1) by pronouncements made in the courts when the special action hinges upon the commission or omission of something by the person giving the anaesthetic, and (2) by the laws of the realm which control the practice of medicine as a whole. The issues presented in the first category of cases are mainly those which are concerned with the injury or death of a patient whilst under an anaesthetic. A foreign body may enter the air passages and prolonged disablement may ensue, even if the patient survives; or, through alleged want of skill, a patient may die, and those concerned at the operation be tried for manslaughter, or, failing this, for damage incurred by the patient's family. Unless the anaesthetic is given for a mere examination, the case is one in which several medical men are engaged, and it becomes necessary to consider whether the responsibility as to the patient's safety rests with the operator or the anaesthetist.

The actual cases which have been brought before courts of law in which the question of responsibility for the conduct of the anaesthetic has arisen have been few, and have usually been actions the object of which was to prove that the anaesthetist was guilty of malpraxis, and had caused the death of the patient through want of skill or the omission of some necessary precaution. In these cases the medical man who gave the anaesthetic was the person arraigned. In English coroners' courts it is the custom to hold inquests as to the deaths of persons who have died under an anaesthetic, whether the death was the immediate result of the anaesthetic, or whether the patient died from surgical causes, but during narcosis. The anaesthetist is expected to bring forward evidence that he was not at fault; the responsibility for the narcosis is usually placed on him; but one coroner has advanced the theory that the ultimate responsibility rests with the surgeon. This view has not, as far as we know, any legal basis, and is obviously opposed to the general principles of the law, which make each medical man responsible for whatever act he individually performs in the course of his professional duties. The anaesthetist cannot be saddled with responsibility if the operator commits some error, and the converse would appear to be equally true.

If a surgeon were to select an improper person to give an anaesthetic, he would be held responsible; should he select a person who was not a qualified medical man he would probably be held by the General Medical Council guilty of the offence of "covering," unless overriding circumstances such as may arise in an emergency could be pleaded in justification. He would undoubtedly be responsible, and might be called upon to defend his conduct. If, however, the person selected was a duly qualified medical man who was nevertheless not known to be practically competent to give an anaesthetic, the surgeon, although morally responsible and even liable to be mulcted in damages in a civil action, would

<sup>1</sup> The arguments were fully stated by Sir Victor Horsley as long ago as 1903, in his address at Birmingham (BRITISH MEDICAL JOURNAL, 1903, vol. ii, p. 955).



not in the eyes of the law be the person responsible for death or damage occurring as a result of the anaesthetic. In the case of house-surgeons, junior officers of hospitals, and young practitioners with limited experience, it is no doubt true that a surgeon accepts to a considerable extent the responsibility of the anaesthetic, but even then the ultimate burden of the responsibility does not rest with him. Should a death occur and a jury return a verdict of manslaughter, technically it would be against the person who actually gave the anaesthetic, although censure might be passed upon the surgeon who had selected the anaesthetist without knowing him to be fit for the duties assigned to him. The responsibility of a young practitioner must, we think, be attenuated to a degree proportionate to the influence exerted on him by the operator.

Instances have occurred in which responsible officers appointed to hospitals or dispensaries to undertake the duties of giving anaesthetics have been interfered with by their surgical colleagues and directed to employ anaesthetics or methods of using them which in their judgement were not safe or desirable. The responsibility for the anaesthetic rests wholly and solely with the anaesthetist so appointed, and although he may be wise to accept any suggestion from his colleague which may conduce to the best interests of the patient, yet the decision must rest with him, as presumably his knowledge of his department of work is sufficient to enable him to arrive at an accurate judgement. The appeal in either case is to the authorities of the institution. That this is reasonable as well as being the law is apparent if the case is reversed and the anaesthetist, for example, assuming the part of critic, insists upon a surgeon performing a colotomy instead of an anastomosis on account of the precarious condition of the patient; would his position be regarded as correct from the legal standpoint? To suggest this course might be legitimate, but the decision would have to be left to the operator. When complications arise during an operation which are the result of the anaesthetic and require surgical treatment such as laryngotomy, the surgeon would be responsible for them even though he might repudiate responsibility for their having arisen.

The question of responsibility for anaesthesia, therefore, may be summed up in the following manner: (1) Ultimately any medical man is responsible for the well-being of the patient to whom he gives an anaesthetic and he cannot plead that he acted under the orders of another person; he is responsible for his own acts, and if he is incompetent to do what he undertakes to do he must take the consequences of his temerity. (2) The employment of an unqualified person to give an anaesthetic by a qualified medical man, or the giving of an anaesthetic by a qualified medical man for an unqualified person to perform an operation is an act of covering, although we believe the first of these cases has not been actually before the authorities. (3) It is not too much to say that the operator cannot make himself legally responsible for the conduct of the anaesthesia, although he may make himself morally so if he compels an inexperienced person who is giving the anaesthetic to pursue a course which ultimately leads to a fatality. The defence in every case of death or damage arising under or through the use of anaesthesia, whether general, local, or by lumbar injection, must be that the medical man who undertook the management of the anaesthetic was competent to do so, and possessed the necessary experience and skill for its efficient performance. It would have to

be shown that he adopted what was in his carefully-weighed judgement the best method for the particular case and carried it out to the best of his ability. Further, that he adopted the right plans to remedy any complications as they arose, and in fine did all that his best judgement and efforts could do to avoid and remedy danger.

#### **THE MEDICAL INSURANCE COMMITTEE.**

It may be remembered, though perhaps the fact is not so well known as it might be, that a little over a year ago a Medical Insurance Committee was formed for the purpose of arranging insurance for medical men on specially advantageous terms. The accounts for 1907 of the agency established by the committee have recently been audited by Mr. George Eastes, formerly treasurer of the Metropolitan Counties Branch of the British Medical Association, and Dr. Squire Sprigge, of the *Lancet*. The auditors report that in examining the accounts with the books and vouchers, they have been struck by the extreme moderation of the items which can be attributed to working expenses, and this satisfactory result is due to the good management and unstinted personal services of Mr. Guy Elliston, General Secretary of the British Medical Association, to whom the success which has attended the work of the Committee is in very large measure due. He was able to report that the agency already has some 1,650 insurers under employers' liability, and that as separate policies are issued for any form of medical assistants, the agency has probably sent out 3,000 policies in all during the first eight months of its work. The agency also insures against personal accident, burglary, fire, accidents to motors, and provides fidelity guarantees. The Medical Insurance Committee is also prepared to arrange life assurance, and has already carried through many such policies on terms satisfactory to the insurers. The committee transacts its business through the Guardian Insurance Company, Limited, an old-established company occupying a very sound position, and possessing a large reserve. Full particulars of the special facilities and terms of assurance for medical men can be obtained on application to the secretary and agent, Mr. Guy Elliston, 6, Catherine Street, Strand, London, W.C. The support given to the scheme by the profession throughout the country during the past twelve months justifies the committee in urging medical men who have not already availed themselves of the opportunity to write to him or to fill up the form which may be found on page 7 of our advertisement columns in the current issue. Members attending the annual meeting at Sheffield will have the advantage of conferring with a representative of the Agency and Company, who will attend at the reception room in the university to give information to inquirers.

#### **THE PHYSICAL TRAINING OF RECRUITS.**

THE committee appointed to report on the physiological effects of food, training and clothing on the soldier, of which Sir Alfred Keogh, K.C.B., is chairman, and which has among its members Professor J. S. Haldane, Dr. M. S. Pembrey, and Sir Frederick Treves, promises to furnish information of great value. Meanwhile, it has issued an interim report which describes the changes that have taken place in the methods of physical training which date from the publication of the *Manual of Physical Training* last year, prepared by Colonel Rolt and Major Moore with the assistance of Lieutenant Langkilde of the Danish

army. All the changes that have been made are approved by the committee as based upon sound physiological principles. As the report says, the object of the present training is "To make a weak man strong, and a strong man stronger and more agile, and, above all, to prepare him for the further and more arduous duties of the soldier." The main principle is progressive exercise; the earliest work is easy and short; gradually it is made harder and of longer duration, and the energy and capacity of the men are developed. At no stage is the recruit overtaxed, excessive development of muscles and acrobatic tricks are discouraged, while the nervous system is trained to control the action of the muscles by exercise in jumping, vaulting, climbing, and balancing, so that the soldier acquires not only strength and agility, but self-confidence and courage. The report also speaks with commendation of the *Hints to Instructors*, in which it is pointed out that the spirit of discipline and the unhesitating response to the word of command are best obtained by considerate teaching, while a bullying manner and peremptory orders foster a sense of discontent and injustice. The committee testifies to the good results of this method of teaching at Aldershot and the various depôts they have visited, and expresses the hope that the importance of performing physical training out-of-doors, which is recognized in the manual, will be strongly enforced in practice, as the power of resistance is developed by exposure to changes of weather, and by work in the open air the recruit is hardened, his liability to colds, consumption, and other diseases diminished, and his appetite and nutrition improved. In the new system there is no attempt to produce the old ideal of a military figure with an over-distended and rigid chest, while so-called "breathing exercises" are no longer allowed. The committee endorse the statement that the ability to cover long distances in the ranks without undue fatigue can only be acquired by practice on the line of march, and insists that if a soldier is well fed he will be better in health if he be well worked, as work is one of the best safeguards against intemperance and vice, and will prepare men for active employment when they leave the service. The report states that there is evidence that the soldier does not receive sufficient progressive training in route-marching and digging, and emphasizes the importance of his being able to march, carrying his equipment, for long distances without undue fatigue. A warning note is sounded respecting the danger of false ideals being fostered by public competitions and displays in which the army takes part. The duty of a soldier is to be a good soldier, not a gymnast or an acrobat; manly exercises, such as boxing, wrestling, swimming, bayonet-fighting, and fencing, should be encouraged in preference to tricks upon the horizontal bar, bridge ladder, and pair of rings. We can only express the hope that this report will have due weight and influence with those who are responsible for the training of recruits. No one can read it without feeling that young men trained on these principles would be benefited to an enormous extent for their whole lives, and we would gladly see every young adult male whose health permitted it subjected to such an admirable discipline. Our readers may have noticed that the bill for compulsory physical training introduced by Captain Kincaid Smith was received so unsympathetically by the House of Commons that it was not allowed the customary courtesy of a first reading. It is to be hoped that the result will not discourage the promoters of the measure, who have behind them the great body of medical opinion, and should receive the support of all who care for the manhood of their country.

#### SIX FARTHINGS FOR STATE MEDICAL SERVICE.

ATTENTION has frequently been drawn in these columns to the unsatisfactory remuneration of medical men in the Poor-law service. On March 7th, 1908, we commented on the case of the two district medical officers at Castleford, whose resignation was accepted by the guardians because they refused to continue the work for payment at the rate of seven farthings per visit or attendance at the surgery. Not only did the guardians decline to grant an increase, but they dismissed these gentlemen from the posts of public vaccinator. The whole of the medical men in the neighbourhood united and decided to support the action of the two medical officers, by an agreement that none of them would apply for the posts which were subsequently advertised. In the face of these facts, two medical men from outside applied and were appointed. The Local Government Board took no action in the matter, but appears to have sanctioned the appointment of two men, neither of whom has taken up residence in the district. It is now several months since these appointments were made, and the work of these two districts has since been in the hands of an assistant (more than once changed in the short period) and of one of the appointed men, who resides fourteen miles away! The guardians have not had a very happy time since, and it may be left to the imagination to conjecture how the poor have fared. The situation is now more than ever discomfiting, for we have reason to believe that the other successful applicant has now decided not to put in an appearance at all. It is from many points of view satisfactory that the guardians are finding it difficult to attract medical men to this remarkable sphere of labour. In drawing attention to this case on March 7th we ventured the opinion that the Castleford case was the worst of numerous instances. As will be seen from the report published elsewhere (p. 231) of the conference of the Poor-law Medical Officers' Association of England and Wales recently held at Hull, the Castleford record has since been broken. Dr. Brand related his experience with the Driffield guardians. Having discovered that he was being paid at the rate of 1½d. a visit he dared to ask for an increase of salary. This was refused. He consequently resigned, but said he would continue to hold the public vaccinator appointment. He was requested to resign the latter also, and on refusing to do so was dismissed. Apart from the manifest unfairness of this, we have already pointed out in the Castleford case that such an action on the part of the guardians has been declared by the Local Government Board to be a principle which the Board cannot recognize as properly affecting the appointments, for it is obvious that the Driffield guardians, as was the case at Castleford, dismissed Dr. Brand in order that the vaccination fees might be utilized for a purpose strongly deprecated by the Local Government Board. Will this central board continue to wink at the violation of the principles which it has laid down? The conference at Hull resolved to bring the action of the Driffield guardians before the notice of the President of the Local Government Board. It will be interesting to know if any steps will be taken to protect medical men from dismissal from an entirely unconnected appointment because they decline to attend the sick poor at such rates as seven or six farthings for each attendance.

#### HANG THE INSANE!

MR. JUSTICE BIGHAM has sentenced a lunatic to be hanged for murder. This is of course by no means the first time that such a sentence has been passed, but the proceedings of the court were so deliberate



that the case appears worthy of note. The prisoner was a young labourer; before he was called upon to plead, Dr. Edgerley, Medical Officer of the West Riding County Asylum, and Dr. Exley, were called upon to show that he was unfit to do so, owing to insane delusions which filled his mind, and largely impaired his faculty of attention. In reply to the judge, they said that he was able to understand what he was charged with, and the effect of the pleas "Guilty" and "Not guilty," but added that his attention was certain to wander during the trial; owing to his preoccupation with insane delusions, his attention at any time could only be fixed by constantly addressing questions to him. The judge told the jury that they must not assume that because a man had delusions he was unfit to be tried. Counsel would be assigned to look after the prisoner's interests, and unless the jury thought he could not understand the proceedings, he ought to be tried. The jury found him fit to plead, whereupon he pleaded guilty; the judge induced him to withdraw that plea, and to plead not guilty. The facts were not in dispute. The prisoner, who had been in prison serving a sentence under three convictions for arson, met a woman on the road from Leeds to Otley; he killed and stripped her, and was found by a passer-by with a knife in his hand, cutting off her head; when eventually made to desist by being threatened with a crowbar, he remarked that he could get 7s. 6d. for the umbrella, 2s. 6d. for the corsets, and 1s. for the hat. Medical evidence by the same witnesses, and by Dr. Exley's assistant Dr. Ellison, was to the effect that the prisoner suffered from insane delusions, imagining that his brother was Charles Peace, and that with other relatives he was conspiring to murder him. While in Leeds Prison he imagined that his brother, who was a convict in Portland Prison, looked through the window at him, threatening him, and also that he heard voices abusing him. Dr. Edgerley said that he thought the prisoner imagined that murdering the woman would be of some advantage to him by ridding him of a persecutor, and that this delusion would probably be so strong that all idea of right and wrong would be excluded from his mind. Dr. Exley expressed the opinion that he knew he was doing wrong but had no idea how wrong. Mr. Justice Bigham directed the jury that if the prisoner knew he was doing wrong, it did not matter that he did not know how wrong, and that if he knew he was doing wrong, it did not matter that he suffered from delusions or hallucinations. A man commonly described as a lunatic might be guilty of murder, and what the jury had to determine was whether he knew he was doing wrong. It was for the prisoner to satisfy the jury beyond all reasonable doubt that he did not know he was doing wrong. In reply to a juror, who asked if he knew he was doing wrong but was insane, how then? the judge said if he knew he was doing wrong it did not matter how insane he was, he was guilty. The jury, after retiring for an hour and a half, found the prisoner guilty, and he was sentenced to death. In his instructions to the jury Mr. Justice Bigham seems uncompromisingly to have reverted to the old so-called "legal test," from which some other judges have shown a disposition to diverge in the direction of the medical opinion, which is that though an insane person may know that a certain act is wrong, yet an insane impulse, associated or not with a delusion, may be so strong that he commits the act because he cannot prevent himself from doing it. "The will," to quote the words of Lord Chief Justice Cockburn, "becomes overpowered by the force of irresistible impulse." Sir James Fitzjames Stephen

held the opinion that a man who by reason of mental disease is prevented from controlling his conduct is not responsible for what he does. The "legal test" is that it must be clearly proved that at the time of committing the act the accused person was labouring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know he was doing what was wrong. The judge in this case adhered very closely to this test, departing from it if at all only to the disadvantage of the prisoner. He does not appear to have drawn the attention of the jury to the fact that they might have returned a verdict to the effect that the prisoner had committed murder but was insane when he did so. There seems no room for doubt that this would have been a correct verdict in this case. It comes to this, then, that an insane person should be hanged for committing homicide. This may be the best way of disposing of such persons, but we very much doubt whether public opinion would approve the doctrine if the issue were placed fairly and squarely before it. The legal profession sometimes twits the medical with desiring to save the lives of murderers on sentimental grounds. This is a misunderstanding of the facts. Medical opinion does not seek to interfere with the course of justice; it is only anxious that justice for once in a way should carry out her duties with eyes open. Medical opinion says the accused person is insane, acted under an insane impulse, and was irresponsible; the "legal test" rigidly applied, as in the instance of this particularly brutal murder, does not afford the jury a fair test of responsibility or irresponsibility. It is therefore bad, and results in the punishment of an irresponsible person, which is, we submit, contrary to the spirit, if not to the letter, of our laws. If the Legislature were to direct that insane murderers ought to be hanged, it would be a different matter. As it is, the public believe that insane persons are not hanged. Clearly they are mistaken.

#### THE INHABITANTS OF THE TELEPHONE.

DR. ALLAN has, according to a report which appeared in a recent issue of the *Lancet*, examined the instruments in six public telephone call offices from the point of view of the bacteriologist, and in one of these he was able to determine the presence of pathogenic bacteria, including the tubercle bacillus. On June 29th, in reply to a question by Mr. Lonsdale, the Postmaster-General gave the House of Commons to understand that while this matter was receiving attention, he did not consider that any serious danger was existent. In his speech at the banquet of the Association of British Postal Medical Officers last week, the Postmaster-General stated that by the use of disinfectants and various other means, he was endeavouring to make the services safe for all users. He added that if someone had complained, not that the telephones were injurious to health, but that they were trying to the temper, the complaint would doubtless have the sympathy not only of doctors but perhaps still more of their wives. The scare, if indeed the feeling induced by this discovery of Dr. Allan can be so styled, appeared to be based on the assumption that pulmonary tuberculosis must inevitably develop on the inhalation of any living tubercle bacilli, no matter what degree of virulence these bacilli possessed or in what numbers they were present. Recent researches have sufficed to show that infection is by no means identical with affection, and that a very large number of persons have harboured tubercle bacilli, either of bovine, avian, or human origin, in their bodies without the production of any clinical signs, and with the production of only

slight pathological changes. The medical profession will be inclined to regard Dr. Allan's discovery rather as an interesting observation than the sign of a real danger. There can be no doubt that, where it is possible, disinfectants should be freely and properly used on articles which come into the hands or use of the public generally, and inasmuch as the application of a 5 per cent. solution of lysol suffices to kill non-spore-bearing bacilli in the course of a few minutes, the safe keeping of such instruments as the telephone receiver offers no special difficulty. It would be much more salutary if the public were to show signs of panic at the indiscriminate spitting, which is still indulged in in public streets and public places, and clamour for exemplary punishment for offences of this nature. We have repeatedly had cause to deal with this habit of spitting from the point of view of hygiene, and, though matters are a little better than they were, there is still much room for improvement. In the meantime the discussion of these sanitary matters in the public arena is a healthy sign that public opinion will in the future come more effectually to the assistance of the medical profession in matters affecting the public health.

#### REFORMATORY AND PRISON TREATMENT.

A CONFERENCE on new methods of reformatory and prison treatment was held on July 9th at the Hungarian Exhibition, Earl's Court, under the presidency of Mr. Herbert Samuel, M.P., Under Secretary for the Home Department, and was numerously attended. Mr. Percy Alden, M.P., explained that the conference had been suggested by the representatives of the Hungarian Government now present in London with a view of giving information as to the methods adopted in that country for dealing with youthful and other offenders, and of affording an opportunity of inspecting the interesting exhibits from Hungarian reformatory establishments. Mr. Herbert Samuel remarked that the conference was fittingly held at that exhibition, for there was no country in the world where more had been done than in Hungary in the way of reform in the modes of dealing with actual or potential criminals. He was proud to say that the present Government had to their credit three important measures bearing upon this subject: (1) The Probation of Offenders Act, the working of which was being watched with much interest; (2) the Prevention of Crimes Bill, of which he explained the provisions; and (3) the Children's Bill, which he trusted would tend to strengthen the sense of responsibility of parents, and, by sedulously separating juvenile offenders from all contact with criminal surroundings, keep them from sinking into the mire of crime. Throughout the world social reformers had found in the child their most hopeful field, and it was only by seeking out the springs of delinquency and checking it at its source that the stream of crime could be stemmed. He looked forward to a considerable extension of the Borstal system of industrial training as the best plan of fitting for a place in our economic arrangements those who had previously been unable to find one for themselves, and as a consequence had developed antisocial tendencies. Mr. E. H. Pickersgill, M.P., Mr. T. W. Holmes, the Rev. Mr. Baldwin, Mrs. Burgwin, and others took part in the discussion, and Mr. Percy Alden, M.P., referring to the frequent association of mental defect with crime and inebriety, pointed out the importance of there being a strong medical element in prison and reformatory management. Mr. Shrubsole subsequently exhibited a series of lantern slides illustrative of the work of Hungarian reformatories, showing how in the colony system adopted the arrangements were of a homelike

rather than institutional character, after which the company proceeded to inspect the interesting exhibit contributed by these establishments.

#### INSURANCE COMPANIES AND MEDICAL MEN.

WE have frequently had occasion to call attention to the attempts of a certain class of insurance societies to obtain the services of medical men as referees at utterly inadequate rates of remuneration. But the offer received by a correspondent from the Mutual Property Investment and Accident Company, Limited, reaches, we hope, the low-water mark. One of the boasts of this company, emphasized by capitals, is that "No medical examination is required." The services of the doctor are therefore sought only to give attendance and medicine to such of their clients as insure for these benefits as well as a weekly payment in cash. For examination and reporting on those insured without medical benefits, the doctor has to recover his fee from the patient, but for each person entitled to medical attendance he is to receive the sum of 3s. 6d. per annum, "whether attendance is given or not." This last condition is evidently regarded as a concession of almost reckless benevolence, and no doubt it is only a matter of time for an attendance of four weeks to be necessary before the doctor can claim his annual 3s. 6d. It would be out of place here to criticize the offer this company makes to the public when it proposes to insure against illness and accident, but any medical man who consented to act for the company would find himself engaged in contract practice at a rate considerably below the minimum which any professional man should accept, and this under conditions of which his best private patients would be entitled to avail themselves if they saw fit, while his masters would be the directors of a mere profit-earning concern.

#### THE RUDOLF VIRCHOW MONUMENT.

CONSIDERABLE dissatisfaction and disappointment is felt in medical circles in Berlin as to the fate of the monument which was to have been erected in memory of Rudolf Virchow in the Karlsplatz. A committee had been formed with Waldeyer as chairman, and the fashioning of the monument was thrown open to competition. An allegorical statue of two figures and a lion surmounting a pedestal with four columns, having on its face a portrait in relief of the master of cellular pathology, was offered by Klimsch and accepted almost unanimously by the "court of judges," the municipal authorities, and the monument committee. It appears that from the point of view of artistic merit the monument was accepted by capable critics as a fitting memorial for Virchow. The Berlin Medical Society, however, inspired possibly by the *Deutsche medizinische Wochenschrift*, took exception to the allegory, and clamoured for more Virchow and less imagination. Possibly in response to this opinion, the original idea was somewhat modified in the spring of last year, inasmuch as the allegorical statue was diminished in size, and instead of a relief head of Virchow on the pedestal, a full figure of the pathologist teaching a group of students was substituted. Not satisfied with this, our contemporary continued to incite opposition, and, as it would seem, to some effect. It is a rather curious fact that while the streets of the residential town of the German Kaiser are under the direct jurisdiction of the municipality, open places, squares, and the like come under His Majesty's personal control. It was therefore found at the eleventh hour to be necessary to submit this model of the statue to His Majesty for approval before the actual statue was erected in the Karlsplatz, and, to the



delight of the *Deutsche medizinische Wochenschrift* and to the chagrin of those who consider that, in the town of monuments, a place and emblem should be found for Virchow, the Kaiser refused the required permission "on artistic, aesthetic" grounds. Thus the work of the committee, of the municipality, and of the artist was brought to nought. The *Deutsche medizinische Wochenschrift* states that it does not consider it a journalistic duty to discuss the point of law thus raised by the Kaiser, but leaves that to the committee, "whose activity under the present circumstances has been placed in a sinister light," by which we understand that the committee has received a nasty hit below the belt. Our contemporary thinks that the profession in Berlin will not shed any tears even if the monument be not erected, but the *Berliner klinische Wochenschrift* has protested, arguing that the decision on the merits of a work of art from the point of view of aesthetics is a matter of personal opinion. It is not our intention to enter into a journalistic quarrel, but we may nevertheless be permitted to express our regret that a fitting monument is not to be raised in memory of the great Virchow in Berlin after all. The argument that the Rudolf Virchow Hospital is a sufficient monument has been brought forward, but if this were so, why was the idea supported that a statue should be erected in a central position where every passer-by might become familiar with the strong features of one of the world's greatest scientists? How far the present decision will be final remains to be seen, but it appears to those most interested in the matter that little can now be done, partly because so much money has been expended to no avail and partly because the committee feels that having been once bitten, it must be "twice shy."

#### GAUZE RETAINED FOR THREE YEARS IN ABDOMEN.

ABDOMINAL surgery is improving and extending year by year, yet still the wholesome fear of leaving foreign bodies in the abdominal cavity ever haunts the operator. One phase of this great foreign body question is of essential importance. We know how these foreign bodies, especially marine sponges, often kill the patient, but we want to understand how it is that they are often tolerated for a long period, failing to cultivate the *Bacillus coli*, or to damage hollow or solid viscera. Lozé<sup>1</sup> brought forward, at the May meeting of the Société de Chirurgie de Paris, a good instance of this toleration. A woman underwent an operation for appendicitis. Three years later the abdominal cicatrix gave way, and thirty-four strips of gauze were extracted through it, one by one. The operator had not dressed the wound himself, but ordered that one strip of gauze should be introduced daily. This was done most conscientiously, and as he had omitted to direct the daily withdrawal of the strip, thirty-four were introduced but never removed, the wound ultimately healing over them.

#### THE SCOPE OF THE WORKMEN'S COMPENSATION ACT.

IN view of the heavy liabilities which this measure imposes upon employers, it is profitable to consider the decisions of the courts which are reported at frequent intervals. While most of them tend to demonstrate the wide range of a master's liability, there have been some recent cases which show that the Act will be strictly construed. Last week the Court of Appeal determined that a washerwoman who was in

the habit of attending at a house for two or three days a week was a "workman" within the meaning of the Act. It follows from this that the medical practitioner should be careful to insure his charwoman. Even if her employment be intermittent, he will err on the safe side in taking out a policy. Two other decisions of recent date are also worth recording. They illustrate the fact that unless an accident arise out of, and in the course of, the employment the employer will not be held liable. In one case, a chauffeur had taken several of his own friends for a drive in his master's car. Owing to an accident he was killed, and his wife preferred a claim against the employer. It was alleged that the accident arose out of and in the course of his employment, because the deceased was really testing the car at the time. The county court judge, however, dismissed the action, pointing out that it was an abuse of the benevolent act to make such a claim. In another case it appeared that a clerk was injured when walking in the street after his lunch. This was said to be an accident in the course of his employment. Judge Lumley Smith, however, said he could not find for the applicant. If he did so employers would be responsible for all sorts of street accidents, although entirely unconnected with the nature of the employment.

#### THE CHILDREN'S BILL.

THE Children's Bill has been printed as amended by the Standing Committee and we find that Clause 14, which was entitled in the original bill "Overlying Infants" has disappeared. In the amended bill Clause 14 deals with exposing children to the risk of burning. The clause dealing with the deaths of infants caused by overlying was shown in the course of the discussion to be much too severe, and it was generally felt that the clause should be amended to limit the offence and the penalties to cases in which it could be proved that the parent or person was under the influence of drink. The Under Secretary for the Home Department undertook to bring up a new clause limited in this way on the report stage. The proposal will then be discussed in the House and added to the bill in a suitable form to deal with cases of overlying caused by the intoxication of the person sleeping with the infant.

## Medical Notes in Parliament.

[FROM OUR LOBBY CORRESPONDENT.]

**Medical Inspection of Schools.**—Last week in the Lords, Lord Clifford of Chudleigh called attention to this subject, and moved the omission from the Code of Regulations for Public Elementary Schools in England of the words "obliging local authorities to make satisfactory provision for the medical inspection of children attending schools in accordance with the provisions of Section 13 of the Education (Administrative Provisions) Act, 1907." He contended that instead of merely directing the local education authorities to make this provision and leaving them to carry it out by themselves the Board of Education ought to have given them some assistance in carrying it out. Lord Stanley of Alderney agreed that it was improper for the Board of Education to impose on local authorities such duties as the appointment of school medical officers. Earl Beauchamp said Lord Clifford appeared to have confused two matters: first of all, the principle whether there should be medical inspection in public elementary schools; and, secondly, the question as to how that medical inspection should be carried out. The duty was laid by Act of Parliament on the Board of Education to

<sup>1</sup> Corps étrangers de l'abdomen. *Rev. de Chir.*, June 10th, 1908, p. 853.