The Duty of Medical Referees.

This was a stated case on appeal in an arbitration under the Workmen's Compensation Act, 1906, between John Garrett, miner, and the respondents, Waddell and Sons, coalmasters, Coalburn. The appellant, who was a miner in the employ of the respondents, submitted himself for examination to a certifying surgeon for the district Lesmahagow, and obtained a certificate to the effect that he was suffering from acute bursitis over the elbow, being one of the diseases to which the Workmen's Compensation Act applied, and was thereby disabled from earning full wages at the work at which he had been employed, and that the disablement commenced on October 6th, 1910. Thereafter the respondents got a reference to a medical referee on the ground that the appellant had not contracted the disease in respect of which the certificate was granted, or that he was not suffering so as to be unable to earn full wages. The medical referee dismissed the appeal of the respondents with the restriction that he was now (December 13th, 1910) able to resume his ordinary work. Following upon that the respondents paid compensation weekly at the rate of 16s. 3d. to December 13th, while the appellant returned to work. On January 24th, 1911, the appellant instituted the present proceedings for an award of partial compensation at the rate of 9s. 4d. per week, averring that not having fully recovered his earning capacity he was not able to earn wages exceeding £1 per week. The respondents objected to a proof of that averment on the ground that the decision of the medical referee precluded the appellant from claiming compensation after its date. The Sheriff-Substitute found in law that the medical referee's decision, including the foregoing restriction, was final, and barred the appellant from insisting on payment of compensation beyond December 13th, and dismissed the application for arbitration. The workman appealed.

The Court remitted the case back to the Sheriff-Substitute. The Lord President said that the statute provided that the medical referee's decision should be final on the correctness of the certificate granted by the certifying surgeon. Therefore it seemed to his lordship that the medical referee could only devote his attention to "Yea" or "Nay" on one point involved under two heads of inquiry—(1) Was there industrial disease? and (2) Was the result of that industrial disease such that the workman was thereby disabled from earning full wages? Having gone into these two branches of inquiry, the medical referee, his lordship thought, could only answer it "Yea" or "Nay" whether the certificate was rightly granted. His lordship did not think that the medical referee here had any right to add to his decision that the man had now recovered, and he did not think that the referee's deliverance in that part was protected by the finality clause of the statute. Accordingly, his lordship thought the Sheriff-Substitute was wrong in not going on with the petition. The appeal was therefore allowed.

Compensation for Scarlet Fever.

An important decision under the Workmen's Compensation Act was given last week in the Manchester County Court, where a mortuary porter alleged that he had contracted scarlet fever while at work at the Monsall Fever Hospital. The judge said that this was the first case in which the question as to the liability of hospital authorities to pay compensation to the members of their staffs who contracted infectious diseases while at work had arisen. The evidence showed that the work of the claimant included the cleaning of the mortuary at the fever hospital, and it was proved that all he had to use was a broom and a bucket of water, and that he was not supplied with any antiseptic. The doctor called for the claimant said that if the body of a person who had died from scarlet fever were taken into the mortuary, as several had been, it could be said to be a perfect hotbed of the disease. They had the uncontradicted fact that this man's duty exposed him to every conceivable kind of disease germ that might arise. The danger to the man was increased by the fact that he had recently had influenza, so that he was all the more liable to be attacked. The scarlet fever that he contracted was followed by nephritis, which totally incapacitated him from work. After carefully considering the evidence, the judge said that he found the fever was contracted in the mortuary, and amounted to an accident within the meaning of the Workmen's Compensation Act, and he awarded the claimant 15s. a week during incapacity, with costs on the higher scale. A stay of execution was granted pending appeal.

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, except when so stated.

PAYMENT FOR AN EMERGENCY CALL.

DUBITANS.—Our correspondent is undoubtedly entitled to a fee for the assistance he rendered, and it would only have been common courtesy on the part of his colleague if he had seen that our correspondent was paid and thanked him for his services. As he did not do this, we think the best course would be for our correspondent to charge the patient for an ordinary night visit.

PROFESSIONAL SECRECY.

G. J. P.—This question was much discussed about fifteen years ago, and at that time the Royal College of Physicians of London obtained the opinion of Sir Edward Clarke and Mr. Horace Avory, which was to the effect that a medical man should not reveal facts which had come to his knowledge in the course of his professional duties, even in so extreme a case as one in which there were grounds to suspect that a criminal offence had been committed. Under the circumstances related by our correspondent there seems to be every reason that he should follow the rule of professional secrecy.

THE OBLIGATIONS OF A SUBSTITUTE.

A. TEEVAN.—We cannot agree that a practitioner who is called to a case of accident or sudden illness in the absence of a colleague is justified in continuing in charge of the case without the consent of the regular family attendant, except on the condition that he acts as his substitute. This decision is based on the grounds that he was called in as his substitute, and therefore must continue to act in that capacity. Had the patient called him in quite independently and not because the other practitioner was absent, the case would have a different aspect. We do not think there is anything in our decision inconsistent with maintaining the principle that patients have the right to change their medical attendants; but we have always held that this is subject (1) to the obligation of a substitute not to use his position to the prejudice of the regular medical attendant, and (2) that before a new medical attendant can undertake the charge of a case, the practitioner formerly in attendance must be clearly but politely informed by the patient or the patient's friends of the change. With regard to the question of calling a hospital resident into consultation instead of a brother practitioner, and the practice of hospital residents undertaking for payment outside work, we are quite in agreement with the views expressed by our correspondent; but this did not arise out of the question as submitted to us.

Public Health AND POOR LAW MEDICAL SERVICES.

NATIONAL UNION OF PUBLIC HEALTH AUTHORITIES.

A CONFERENCE of Public Health Authorities, under the auspices of the National Union of Public Health Authorities, will be held in London, this day, Friday, October 13th, for the purpose of considering the following subjects: (1) The urgent need for dealing immediately, on national lines, with the question of the prevention and treatment of tuberculosis. (2) The provisions of the National Insurance Bill in so far as they affect Public Health Authorities, especially those relating to the proposed local Health Committees. The conference will be open to the representatives of all Public Health Authorities, whether such Authorities are members of the Union or not.

The Services.

ROYAL NAVY MEDICAL SERVICE.

THE course of instruction of the newly-entered acting surgeons at Haslar was brought to a close on October 10th. The prizes were distributed by Admiral Sir Arthur W. Moore, G.C.B., G.C.V.O., C.M.G., Commander-in-Chief.

The gold medal was gained by Acting Surgeon V. L. Matthews, of the London Hospital. The silver medal was awarded to Acting Surgeon R. A. Rankine, M.B., of Guy's Hospital. The two above-named officers took the first and second places in the combined London and Haslar examinations.

Three navy regulation pocket cases—prizes for subjects in which instruction is given at Haslar—were awarded to Acting Surgeons R. A. Rankine, V. L. Matthews, and W. L. Cowardin.

The following list shows the places gained by the combined marks of the London and Haslar examinations:

	Marks.
1. Acting Surgeon V. L. Matthews ...	3,716
2. Acting Surgeon R. A. Rankine, M.B. ...	3,660
3. Acting Surgeon Q. H. Richardson ...	3,306
4. Acting Surgeon W. L. Cowardin ...	3,263
5. Acting Surgeon H. White	3,222
6. Acting Surgeon L. A. Moncrieff ...	3,207
7. Acting Surgeon A. C. Paterson ...	3,154

HALF PAY.

SPENDNOUGHT writes: The experience of "Naval Surgeon" (BRITISH MEDICAL JOURNAL, September 30th, p. 779) regarding half pay is merely that of practically all naval medical officers who have got over their first few years of service. Recurring spells of half pay are now the lot of the great majority, if not of all. In fact, I believe I am correct in saying that the estimates for the department are so framed that a number of officers must be at all times on half pay, their being so carrying no reflection on their zeal or character.