

which might conceivably become the origin of a fistula. The sinus is the recess in which, in the development of the neck, the third, fourth, and fifth visceral arches and their intervening clefts come to lie, overlapped by the much enlarged second arch. The sinus is lined with epiblast which is continuous with that covering the lower three arches and dipping into the visceral clefts, from the second downwards. Normally this epiblast disappears; some may remain and form a cyst. If the external opening of the sinus persists a fistula results, opening a little above the sterno-clavicular joint. Taylor⁸ considers this method of origin of fistulae such as I have described above. Others, however, look on the visceral clefts as a point of origin of cysts or fistulae. These clefts are looked on by some as being incomplete in man, and as consisting in two depressions, hypoblastic and epiblastic, separated by a thin layer of tissue. Others hold the opinion that the clefts may be complete. Reference to these differences of opinion is made by F. Maurer,⁹ who himself thinks that the question is not of essential importance. He quotes Kollmann's opinion that branchial fistulae are due to the remaining open of the posterior branchial clefts (*Offenbleiben hinterer Kiemenpaalten*). Whether the clefts are complete or incomplete, their lining epithelium normally disappears with the obliteration of the cleft. No trace remains in the normal fetus of the epiblastic portion of any of the clefts except the first, from which is formed the external auditory canal. The fossa of Rosenmüller and supratonsillar recess and the sinus pyriformis are looked on as representing the hypoblastic portion of the second and fourth clefts respectively.¹⁰ The character of the epithelium in Case v and the presence of a mucous gland in the wall of the right fistula in Case vi point to the hypoblastic origin of these two specimens. The left fistula in Case vi may be hypoblastic or epiblastic. If this fistula be epiblastic it may have arisen from the lining of a visceral cleft or from the sinus praecervicalis, or from both. The lower part of the right fistula in Case vi also may have arisen from the sinus.

In all three specimens the relation to the muscles is important. The posterior belly of the digastric belongs to the hyoid arch,¹¹ and the fistula passing beneath the muscle is therefore to be looked on as connected with the second visceral cleft, which lies below the second or hyoid arch. The attachment of the fistula behind the upper part of the tonsil confirms this view.

4. *Treatment*.—In spite of the opinion expressed by Ashby and Wright¹² that it is usually best to leave branchial fistulae alone, I think that extirpation is the correct treatment. I wish to draw attention to a difficulty which faces the operator—the leaving behind some of the epithelial tissue. In Downie's cases¹³ the stump of the fistula was treated by the ingenious method of invagination on a probe into the pharynx, where it was then cut away. In my patients the calibre of the fistula in its upper part was of microscopic dimensions, and it was quite impossible to introduce even a fine probe. Besides, I had no definite proof that the canal opened into the pharynx. In Case v, therefore, I contented myself with ligating and cutting away as close to the pharyngeal wall as was possible. In both operations in Case vi I took the precaution of crushing the ligated stump. This procedure seems to have been attended so far with success, but I feel that a longer period of time will have to elapse before I can be certain as to the result.

In conclusion, I wish to express my thanks to Drs. Teacher, Logan Taylor, and Findlay for the trouble which they have taken in making sections of the various specimens.

REFERENCES.

- ¹ Oxford Meeting, 1904. *BRITISH MEDICAL JOURNAL*, October 1st, 1904. ² *Tumours, Innocent and Malignant*, fourth edition, 1906, p. 175.
- ³ Senn, *Pathology and Surgical Treatment of Tumours*, second edition, 1900, p. 628. ⁴ Loc. cit. ⁵ *Practitioner*, August, 1906. ⁶ Loc. cit. p. 467.
- ⁷ Rose and Carless, *Manual of Surgery*, fifth edition, 1902, p. 822. ⁸ E. H. Taylor, *A Treatise on Applied Anatomy*, London, 1904, p. 232. ⁹ Maurer, in *Hertwig's Handbuch der vergleichenden und experimentellen Entwicklungslehre der Wirbeltiere*, Jena, 1906, Band II, Teil I, S. 122.
- ¹⁰ Quain's *Elements of Anatomy*, tenth edition, 1896, vol. iii, part iv, pp. 57, 60, 61. ¹¹ Quain, *Elements of Anatomy*, tenth edition, 1896, vol. ii, part ii, p. 349. ¹² *The Diseases of Children*, fifth edition, 1905, p. 192. ¹³ Loc. cit.

As a measure against quackery the medical practitioners of Elche, Spain, have agreed to refuse their services to any patient who has previously been treated by quacks.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF APENDICECTOMY IN WHICH THE APPENDIX WAS QUITE SEPARATE FROM THE CAECUM.

A MAN about 30 years of age was admitted recently to the North Lonsdale Hospital after he had recovered from his third attack of appendicitis, which was of a very severe and dangerous character.

On opening the abdomen the appendix was easily found somewhat to the outer side and towards the back of the caecum, lying embedded in the mesoappendix, but quite reversed; that is to say, the tip was near the end of that viscus, the proximal end some 2½ in. up by the side of the gut.

On opening the appendix the lumen at either end was completely occluded, the middle portion being occupied with a small mass of hardened faecal matter, which was quite inodorous. This condition was quite new to me, and must be comparatively rare. I mentioned the case a few days since to Dr. Knox, of Glasgow, and he informs me that he had a case a short time since in which he "picked the appendix out of the abdomen with a pair of forceps."

I met with a case in which "a man spat up his appendix," in Green's *Encyclopaedia and Dictionary of Medicine and Surgery*.

As the condition is, at all events, somewhat unusual, it appears worth while to put it on record.

J. T. WILLIAMS, M.R.C.S., etc.,

Honorary Surgeon North Lonsdale Hospital.

Barrow-in-Furness.

BONE-GRAFTING AND REGENERATION.

As the following case bears out the conclusions arrived at by Sir Wm. Macewen¹ on the formation of bone from bone, after failures of the periosteum to reproduce it, I venture to send an account of it.

A. B., a sailor, got his leg caught between a cable and the "bits" on his ship; the leg was very severely crushed, as may well be imagined, so much so, that I feared amputation would be unavoidable, but, at his wish, decided to try saving the leg. Two inches of tibia had been squeezed out, but the lacerated periosteum remained. I sterilized the wounds, and in the course of a few days fixed the limb in plaster-of-paris. There it remained for three months; on taking it out of the casing I found the leg useless, as no new bone had filled the gap. I decided to try bone-grafting on a large scale, and procured a lamb, had it killed at the hospital where the patient was at the time. I removed the tibia, split it (after keeping it in hot boracic until the wound was ready), and then placed the strips of bone with their raw surfaces in contact with the raw surfaces of the wound. The result was highly satisfactory, and after another three and a half months the man's leg was as good as ever, and he returned to his work.

Timaru, N.Z.

H. V. DREW, F.R.C.S.Eng.

DIPHTHERIA OF THE GLANS PENIS FOLLOWING CIRCUMCISION.

The following report of a rare condition will be of interest.

On September 1st a boy, aged 13 months, was brought to me owing to the glans penis being swollen and covered by a membrane. I reported the case at once to the medical officer of health and forwarded a swab. On September 3rd I received a report from Laboratories of Pathology and Public Health, stating that the blood serum culture from the swab contained Klebs-Loeffler bacilli and micrococci. The boy had been circumcised at a hospital three days earlier.

London, W.

RUSSELL O'BRIEN, M.B. Edin.

¹ *BRITISH MEDICAL JOURNAL*, June 22nd, 1907, page 1479.

such condition as greatly to impede or prevent the entrance of rats. Reconstruction of a rat-riddled wharf or building where plague prevailed was the true method of arresting plague. Several epidemic diseases could be eradicated only by the expenditure of money, and plague must be reckoned amongst these.

In Section VIA the purification of sewage and the recent experiences of the separation system was dealt with, and in Section VIb the dangers of epidemic diseases in railways and the risks of employing persons suffering from nervous diseases on railways led to animated discussions.

In Section VII infectious diseases on board ship and the sanitary supervision of ports were fully threshed out, while in Section VIII infantile mortality, control of milk supply, and breast feeding were spoken of.

In the afternoon the chief interest was centred on Sections I and V. WASSERMANN, BORDET, and PALTAUF spoke on modern immunizing methods. The latter proved too lengthy for the majority, and after a short time the room which had been well filled suddenly emptied almost completely.

THE CONGRESS BANQUET.

In the evening the members congregated together in the Blue Room of the Exhibition Park to partake of the Congress banquet. The room is a large one in which many pictures and pieces of sculpture of the modern school, mostly representing nude and semi-nude figures, in attitudes which may be artistic, but are certainly neither in good taste nor elevating to the mind, are collected. These figures, however, were to a great extent obscured by the elaborate floral decorations and by the wealth of tables. In all, some 650 to 700 persons sat down to table. In the centre the officials and the Governmental and municipal delegates of all countries and their ladies were placed, while at either end of the room the other members found their tables, partly by the help of numbers and partly by the colour of the flowers on the tables. The ladies were for the most part in full evening dress. The menu was artistically got up. It took the form of a booklet, of pale brownish colour, tied up with gold cord. On the first page the music programme was given, and here, appropriate for the occasion, almost every nation was represented, either by the composer or by the subject of the piece. The band was in a neighbouring offshoot of the hall, and this distance was a great relief to the diners. On the second page the vital question was settled, to the obvious enjoyment and satisfaction of many a gourmet, by such small matters as turtle soup, Helgoland lobsters, artichokes, and "Melba" peaches. Lastly, on the third page was a very artistic copperplate of Hygeia helping the poor. The speeches delivered were numerous, and some long. One was even supposed to be witty, and, indeed, evoked roars of laughter. Whether this "professorian" humour would have caused the same mirth before dinner is doubtful. The SECRETARY OF STATE (von Bethmann-Hollweg) said that one of the characteristics of the present day was that institutions are formed for carrying out interests common to the whole civilized world, and these institutions spread far over the limits of single countries. This development, which he realizes is yet young, does not only lead to the interchange of opinions and to the better understanding of the people of various countries, but it also forms the expression of our belief in the stability of human culture. The Congress must be regarded as a striking example of peaceful international endeavour. He paid a tribute to the class of mind which the modern hygienist possessed, and in conclusion proposed the toast of each nation which was represented by the members of the Congress. The Cabinet Minister DELBRÜCK proposed the Kaiserin as "Protectress of the Congress." After dinner, coffee and cigars were served in the verandahs, and later on a dance was organized.

(To be continued.)

MEDICAL NEWS.

MR. HENRY KIMPTON, of 13, Farnival Street, Holborn, E.C., has issued a new catalogue of second-hand medical books arranged under subjects.

A COURSE of clinical lectures and ward demonstrations will be held during the ensuing session at the Great

Northern Central Hospital, Holloway Road, N., by members of the medical and surgical staff, beginning on Friday, October 11th, at 5 p.m., with a lecture on treatment of thoracic effusions, by the senior physician, Dr. Clifford Beale. The weekly lectures and daily demonstrations will be open to qualified men and to students in their fifth year of study. The hospital is now easily accessible by "tube" to Holloway Road Station. It contains 160 beds, and is usually full to overflowing, with a high percentage of acute cases. It has for many years been the recognized meeting ground of the North London Medical and Chirurgical Society, and, being now within easy reach of the Western and Central districts, its value as a place for clinical study should meet with more than local recognition.

AN International Congress on Tuberculosis will be held at Washington from September 20th to October 3rd, 1908, under the auspices of the National Association for the Study and Prevention of Tuberculosis. The President is Dr. Frank Billings, and Dr. Lawrence F. Flick, of Philadelphia, is Chairman of the Organizing Committee, which has enlisted the practical interest of seven Governmental departments—State, Treasury, War, Navy, Interior, Agriculture, and Commerce and Labour. The work of the Congress will be distributed among seven sections, as follows: I, Pathology and Bacteriology (President, Dr. W. H. Welch); II, Clinical Study and Therapy of Tuberculosis—Sanatoriums, Hospitals, and Dispensaries (President, Dr. V. Y. Bowditch); III, Surgery and Orthopaedics (President, Dr. W. J. Mayo); IV, Tuberculosis in Children—Etiology, Prevention, and Treatment (President, Dr. A. Jacobi); V, Hygienic, Social, Industrial, and Economic Aspects of Tuberculosis (President, Mr. E. T. Devine); VI, State and Municipal Control of Tuberculosis (President, Surgeon-General W. Wyman); VII, Tuberculosis in Animals and its Relations to Man (President, Dr. Leonard Pearson). During the three weeks, September 21st to October 12th, a tuberculosis exhibition will be open, and lectures by well-known authorities, among others by Dr. Theodore Williams, will be delivered. Prizes of £200 are offered for the best work in the prevention or relief of tuberculosis done by any voluntary association since the last International Congress, which was held in 1905; for the best exhibit of a sanatorium for the treatment of tuberculosis among the working classes; and for the best exhibit of a furnished home for the poor in furtherance of the crusade against tuberculosis. Several prizes of smaller value will be given for educational leaflets, and a medal is offered for the best exhibit sent by any State or country (other than the United States) illustrating effective organization for the destruction of tuberculosis.

THE annual meeting of the French Surgical Association will be held next week in Paris. Those who have attended previous meetings will be the first to recognize that they are attractive not only from the scientific point of view, but as affording occasions which draw together increasing numbers of leading surgeons from all parts of the Continent, as well as from Great Britain and America. Its cosmopolitan character is indeed steadily becoming one of its most striking features, and the fact that it is always held at a fixed date is convenient to surgeons both from the East and West, who can make a point of including a visit to Paris for this congress in their plans for the year. The French railways offer special facilities, which apply also to those who travel from Great Britain, although their number is small. The congress will assemble on Monday next in the buildings of the Faculty of Medicine in Paris, and the subjects selected for special discussion are the effect of Roentgen rays on malignant tumour; the value of nerve, muscular, and tendinous transplantation in the treatment of paralyses; and the relation of chronic surgical affections (tuberculosis and cancer) to workmen's compensation. During the meeting of the Association there is always an exhibition of surgical instruments and appliances, which is both interesting and suggestive, much care being taken in the selection of exhibits to avoid waste of time and space upon articles which would be more suited to a shop. On Tuesday a meeting to which delegates of twenty-six nationalities have been summoned will be held at the Necker Hospital, when a proposal will be made for the foundation of an international society of urology, and for a congress on the subject in Paris next year. The general idea is to establish an organization similar to that of the International Surgical Society, which will hold its second congress at Brussels next year; this year the French Urological Association will hold its meeting in Paris from October 10th to 12th, the chief subject selected for discussion being tuberculous suppurations of the prostate, to be opened by M. Oraison, of Bordeaux.

The truth is that the characteristic of this little coterie is the lack of a sense of proportion. They have never, apparently, learnt that "the whole is greater than a part." They decline to see that in whatever cloud of words they involve the matter the medical inspection of schools and school children is a department of public health work. Nothing can alter that fact.

The supervision of the sanitation of schools is at present under the Health Department. Schools, in Scotland at least, come within the definition of the word "house." The plans of all school buildings have to be passed by the sanitary authority. All such plans in my district pass through my hands. The medical officer of health, in Scotland at least, and he only, has the power to enter any house or premises in which he has reason to believe that any infectious disease exists or has recently existed, "and to examine any persons found on such premises, with a view to ascertaining whether such person is suffering or has recently suffered from any infectious disease." The supervision of the health of the children, whether at home or at school, is in the hands of the Health Department. All cases of infectious disease—and they are mostly amongst school children—are notified to the medical officer of health. Their disposal rests with him. In practice neither they nor the other members of the family can return to school without his certificate.

Your correspondents propose to establish a new and independent department. This department would be in contact at every point with the Public Health Department. It is not difficult to realize that if Dr. Kerr had been appointed to the Education Department, and if he shares the views of his friends, twelve months would not have passed without the Education Department being embroiled with half the local authorities in the country. It is not impossible that the Education Department had this prospect in view when they did *not* appoint Dr. Kerr, and that they are wiser and farther-sighted than their critics.

Medical officers of health have no desire to assume the duties of medical inspectors of schools and school children under the Education Act. For the discharge of these responsible duties it is to be hoped that the most competent men will be appointed. But if the medical inspector of schools is to have free scope in the discharge of his duties he must have the information and the powers with which the official position of assistant medical officer of health alone can endow him. There is no room for two rival officials in the public health work of a district.

May I suggest that among the qualifications for medical inspectorships of schools a knowledge of the King's English is not unimportant? Such phrases as—"Dr. Kerr was promised, so far as an official promise may be taken *as such*," and "the average general practitioner can hardly regard himself [as?] equipped without special work, nor is the D.P.H. *more so*"—are not models of lucidity.—I am, etc.,

Sept. 20th.

A. CAMPBELL MUNRO, M.B., B.Sc.

SIR,—As one of a group of some 2,000 practitioners of medicine who for a considerable period of years have been requisitioned to discharge frequently important and responsible medical duties for the Board of Education, I beg to take exception, in the strongest possible terms, to Dr. A. H. Hogarth's letter in your issue of September 21st, which, in my humble opinion, is lacking in good taste, with a distinct aroma of personal bias. It is impossible to allow such an epistle to pass unquestioned, as if voicing the opinion of our profession, which I cannot believe it does; and as it displays such a limited conception of the diversity of subjects with which a chief medical adviser to the Board of Education may be called upon to deal, one is irresistibly constrained to ask by whose authority and on what facts has the writer assumed to himself the right to condemn Dr. George Newman's aptitude for this new office and to practically denounce Mr. McKenna and Sir Robert Morant as being incapable men—incapable of administering the large public departments of which they are the duly-accredited heads, or of recognizing the best available man for a position they may in the course of their duty be called upon to fill? Dr. James Kerr doubtless is an eminent medical man, but it is preposterous to a degree—nay, almost ridiculous—for

Dr. Hogarth to maintain that he is the only man fitted to efficiently discharge the duties which will appertain to this newly-instituted public appointment.

Letters such as Dr. Hogarth's do an infinitude of harm to the medical profession, and only conduce to its incurring the enmity and contempt of the heads of public departments in place of securing for it their sympathy and admiration, which daily becomes increasingly necessary.—I am, etc.,

Nottingham, Sept. 23rd.

R. R. GIDDINGS.

THE EARLY NOTIFICATION OF BIRTHS ACT.

SIR,—Dr. Hawthorne, for whose opinions I have the greatest respect, lays too much stress upon the idea that the adoption of this Act will endanger or destroy the confidential relations which properly exist between doctor and patient. I have had considerable experience in the working of the Notification of Infectious Disease Act, both as a whole-time medical officer of health and as a general practitioner, and from either point of view I fail to see how, except in very isolated cases, this new Act need do this.

No doubt situations may arise in which the notification of a birth may be a somewhat delicate matter, but to write of the notifying practitioner as being a Government spy is surely a travesty of language. By implication this casts a very serious slur upon the medical officers of health, for after all a notification conveys only very limited information, and the medical officer of health will be found, when delicate situations arise quite as sympathetically silent as the practitioner himself.

I have taken the trouble to review some 500 births occurring in my practice during the course of the past few years and I fail to find one where I could say that my relations with parents or guardians would have been in the least degree endangered by notification, but I can find many where the influences which the medical officer of health might bring to bear would be of inestimable benefit to the newly-born. The object of the Act is undoubtedly to aid those who are striving to reduce the infant mortality in this country, and for that reason alone it ought to be welcomed. It is, at all events, a step in the right direction.—I am, etc.,

A. C. FARQUHARSON, M.D., B.Sc., D.P.H. (Camb.)

Bishop Auckland, Sept. 30th.

MEDICAL WITNESSES' FEES.

SIR,—I am glad this subject has again been raised in the *BRITISH MEDICAL JOURNAL*. The general public do not know how great a grievance these inadequate fees are. Why do medical men become witnesses? They are called in all haste to cases of wounding, homicide, rape, etc., to which they go as a matter of humanity, and for which they are often very inadequately paid, or not paid at all. When they have attended they are witnesses to facts, and to these facts they can be ordered to give evidence at the magistrate's and coroner's court and subsequently at sessions or assizes. Even when resident in the assize town one guinea is a most inadequate fee for a surgeon in active practice for being detained all day in court. In the case of doctors coming from a distance even the increased fees and allowances are not enough, and must leave some out of pocket. The present time is excellent for ventilating the subject; the profession has been most forbearing and long-suffering. But it cannot go on, and medical men will decline to go to cases which promise to end at the assizes.—I am, etc.,

Liverpool, Sept. 26th.

FRED. W. LOWNDES.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE Radcliffe Travelling Fellowship for 1907 has been awarded to John Freeman, M.A., B.M., of University College, and the Welsh Prize in Anatomy to Watkin E. Waller, of the same college.

An election to the Philip Walker Studentship in Pathology will take place this month. This studentship was founded "for the furtherance of original research in Pathology." It is of the annual value of £200 (payable quarterly in advance), and is tenable for three years. The student may be of either sex, and need not necessarily be a member of the University of Oxford, nor be legally qualified to practise the profession of medicine. While holding office the time of the student must

be devoted to original pathological research; no business or profession may be systematically followed, nor any educational or other work engaged in, which, in the opinion of the Professor of Pathology and of the Board of Managers, would interfere with the pursuit of original inquiries. The place and the nature of the studies of the student are subject to the approval of the Professor of Pathology, but the student is bound to pursue these studies within the University during at least three terms of his tenure of the studentship. This requirement may, however, in special cases be dispensed with. If the work done by any student be of exceptional promise, the studentship may be extended for a second period not exceeding two years. The full text of the regulations relating to the studentship will be found in the *University Gazette* for February 2nd, 1904, and copies of these regulations can be had on application to the Registrar of the University.

UNIVERSITY OF LONDON. UNIVERSITY COLLEGE.

The Calendar.—The *Calendar* for the session 1907-8, which has just been issued, contains a sketch of the history of the college by Dr. Carey Foster, and a statement of the regulations by which the college is now governed in its position as an integral portion of the University. The use to which the extended buildings have been put are shown in a set of plans, and it appears that the space now available for University purposes is greater by one-third than last session. Special rooms have been provided for the Galton research laboratories in connexion with the Eugenics Institute founded by Mr. Francis Galton. The arrangements for post-graduate courses of lectures and research work are fully stated. Research may be undertaken by any person recommended by the professor of the department as qualified to do such work, a general fee of one guinea a session being paid to the college. Last session the number of post-graduates and research students was 171 (140 men and 31 women).

UNIVERSITY OF DURHAM.

THIRD EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.

The following candidates have been approved at the examination indicated:

THIRD M.B.—Pathology, Medical Jurisprudence, Public Health, and Elementary Bacteriology).—R. Raffle, H. C. W. Allott, Harriet A. B. Apps, A. H. Bower, J. G. Campbell, B.A., L. W. Evans, P. A. Galpin, F. F. T. Hare, E. P. L. Hughes, J. P. Jackson, Annie V. Mack, C. J. Neillan, Ruth Nicholson, C. E. Reindorf, T. W. Stallybrass, H. W. Sykes, Dorothea M. Tudor.
* Second-class honours.

THE ROYAL UNIVERSITY OF IRELAND.

The following candidates have been approved at the examinations indicated.

FIRST M.B.—S. Acheson, A. N. Berman, Mary K. Carroll, V. A. Cox, F. Crooks, C. Burke, D. Enright, S. R. Foster, G. Hayes, T. Hill, R. McCulloch, H. McDonald, T. J. R. Maguire, H. F. Moore, G. R. Naylor, L. J. Power, J. Prendiville, A. E. H. Reid.
SECOND M.B.—R. H. Barter, H. Black, M. J. Fogarty, T. J. Kilbride, P. D. McCullen, S. A. McSwiney, M. Maloney, D. Murphy, T. Reynolds, C. J. Simpson, J. Stewart, J. T. Brady, P. M. J. Brett, F. J. Burke, L. Cohen, G. Cooper, R. C. Cummins, T. A. Daly, E. S. Dixon, H. Emerson, T. Fitzgerald, P. J. Gaffikin, G. S. Glass, B.A., J. J. Hanratty, C. A. P. Harrison, T. F. Hegarty, D. Higgins, R. A. Kerr, A. J. Moran, J. E. O'Sullivan, G. Sheridan, W. J. Smyth, J. Stephenson, B. Teeger, R. J. Wisely.

* Upper pass and qualified to appear at a further examination for honours.

† Qualified to appear at a further examination for honours in one or more subjects of the examination.

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.

SUPERSESION.

S.E.C.T.—(1) C. did not do wrong in proposing to retire from the case as he considered himself to be S.'s substitute. (2) C. might consent to continue in attendance as S.'s substitute at the patient W.'s express wish. (3) On the question of fees, it would be better to have a friendly explanation with S, and find out whether he had been W.'s medical attendant on previous occasions, as it sounds rather like a quibble on the part of W. to say that S. was "not his doctor, but only his wife's doctor"; our impression is that C. should be content to act as S.'s substitute unless S. is quite satisfied. (4) If C. remains in attendance as S.'s substitute he will be debarred from attending W. as his own patient until some interval of time has elapsed—for example, at least twelve months.

LUNACY CERTIFICATION.

M.D.—The incident seems to reflect discredit upon no one concerned, for even the clerk may be excused for thinking that C. might be able to certify when B. could not. The failure of B. and C. to certify by no means proves that the alleged lunatic is sane. B. could not legally refuse to give up the schedule; nor do we see that in any future case he should act differently, although he might represent to D. the inadvisability of asking for a lunacy certificate to be filled up in a hurry where the signs of insanity are not plainly perceptible.

Medico-Legal.

DOMESTIC SERVANTS AND THE WORKMEN'S COMPENSATION ACT.

INQUIRER writes: I was recently called to attend the unmarried housemaid of a patient of mine, who was reported to be losing blood profusely per vaginam. The condition was the result of a two months incomplete abortion. I was at first amused and then staggered by her suggestion that, as she attributed the miscarriage to overwork, under the new Act, she considered her mistress responsible for her illness and the medical expenses attached thereto. At first sight this appears to be the height of impudence, but is it really so with our present supreme ignorance of nice points of the Act as it stands? I am not touching on the obvious field which exists for legal argument, but, absurd as it may seem, it occurs to me that the girl has at least a *prima facie* case despite the annoyance of the affair to the girl's mistress and the loss of her maid's services. The existence of a disability or weakness in a workman would render an employer chary of engaging him, but if he did engage him, any injury that man sustained by reason of his disability would not absolve the employer from an action against him for compensation. The normal end of pregnancy is full-time delivery; abortion is abnormal, and in that sense accidental. This "accident" occurs during service under her employer and it prevents the girl from working. Are you, sir, or any of your readers bold enough to prognosticate the finding if the girl's employer is sued, especially if the weight of evidence tends to prove that the abortion was directly due to her work.

** Our correspondent raises a point of some interest. It is plain that the maidservant is a "workman" within the meaning of the Act; the question is—Did she meet with an accident in the course of her employment? The Act of 1906 specifically makes employers liable where their workmen suffer from certain well-known industrial diseases; but it does not say anything to prevent a county court judge holding that abortion is an "accident" within the meaning of the Act; and if the woman could prove that it was due to her work the employer might probably be held liable. This may seem to be a *reductio ad absurdum*, but we are advised that the court might not improbably take this view. If so, it is a striking example of the defective principle upon which the Act was framed, and of the unforeseen consequences which may flow from the hasty inclusion of domestic servants.

WORKHOUSE MEDICAL OFFICERS AND LUNACY FEES.

B.S.—The proceedings in this case appear to have been somewhat irregular, but there seems no reason why the resident medical officer, having been called in by the magistrate to certify as to the fitness of the alleged lunatic to be detained in the workhouse for fourteen days and the fitness of the accommodation at the workhouse for his detention therein, should not retain the fee of one guinea which the magistrate authorized to be paid to him; for, (1) though the relieving officer's action may have been irregular, there is no reason why the medical officer should suffer for that, and (2) and (3) in cases precisely similar fees are constantly paid in metropolitan workhouses.

OBITUARY.

JOHN ST. SWITHIN WILDERS, M.R.C.S., L.S.A.,

CONSULTING SURGEON, QUEEN'S HOSPITAL, BIRMINGHAM.

We record with regret the death of Mr. John St. Swithin Wilders, which occurred at his residence in Harborne, near Birmingham, on September 20th. He was in his 71st year, and had been an invalid for many years. Formerly he was very active in municipal, hospital, and political work in the city. His father was also a medical man who practised in Temple Row, Birmingham, but he died quite young.