

junction of the middle and upper thirds. Healing was perfect and he was discharged on March 4th. On June 18th, 1911, he was readmitted, complaining of great pain in the thighs and gluteal regions. Two hours previously he had fallen to the ground with agonising pain in the back. On admission the pain was so severe that he could not lie recumbent or sit up; he therefore assumed a semi-recumbent posture. The pain was stabbing in character. The right leg and foot felt numb and cold. When seen by Dr. Blumer next morning he was perspiring freely, looked very anxious, and evidently suffered great pain. The abdomen was not distended, but there was a distinct spasm of the abdominal muscles in the lower zones. Pulsation could not be felt in the abdominal aorta. The stump of the left leg was blue and cold to a point 16 centimetres above the knee, and there was doubtful pulsation in the femoral artery. The right leg was cold and cyanotic as far as the middle of the thigh, and pulsation could not be felt in the femoral artery or its branches. Sensation to touch and pain was impaired in both stump and leg. On the right side the knee-jerk was abolished. There was no definite gangrene. On the following day the eyes were sunken and the expression anxious with rather pinched features. The pulse was feebler and more rapid. The cyanosis had extended as high as the buttocks. There was no gangrene of the foot or stump, but on the anterior surface of the scrotum there were two or three superficial areas of dry necrosis. The urine, which was secreted freely, contained a trace of albumin and some hyaline casts. The patient failed rapidly and died on the following morning. Thrombosis of the abdominal aorta between the origin of the renal arteries and the bifurcation was diagnosed. Only a partial necropsy was permitted. There was chronic pulmonary tuberculosis of the fibroid type at both apices. The heart was flabby and its muscle pale and cloudy-looking. On the coronary arteries were a few patches of early arteriosclerosis. The aorta showed only slight sclerosis. The liver and kidneys showed cloudy swelling. In the abdominal aorta just above the bifurcation of the iliacs was a fresh, white, slightly adherent, occluding thrombus, capped above by a red thrombus which reached almost to the origin of the renal arteries. The symptoms and signs were characteristic of thrombosis of the abdominal aorta. The extreme rapidity of onset might have led to a suspicion of embolism rather than thrombosis, but this rapidity has been noticed in previous cases. There was no evidence in the heart or upper part of the aorta of a pre-existing thrombus which might have been detached. On the other hand, the appearances of the lesions were those of thrombosis. There is one point in the case not mentioned in Dr. Blumer's commentary—the patient's race. Dr. F. Parkes Weber has pointed out the comparative frequency of obliterative arteritis among male Jews of the East End of London, some of whom smoke a large number of cigarettes. He suggests that unwholesome food and racial factors play a part. J. Israel has also drawn attention to the occurrence of idiopathic gangrene in Russian Jews.

THE DEATH OF SIR HENRY BUTLIN.

WE have to record with much regret the death of Sir Henry Trentham Butlin, Bart., which took place on Wednesday, Jan. 24th, at his residence in Harley-street. It is only 11 weeks ago that we announced his resignation of the Presidency of the Royal College of Surgeons of England owing to ill health, and expressed on behalf of the profession the hope that with that release from public duties his strength would be restored. Sir Henry Butlin was equally distinguished as a surgeon and as a leader of the profession, and his personality and his many gifts can ill be

spared at this critical time. He held many high positions and adorned them all.

THE King has given to Dr. Charles Todd, of the Public Health Department at Cairo, His Majesty's Royal licence and authority to accept and wear the decoration of the Third Class of the Imperial Ottoman Order of the Medjidieh, which has been conferred upon him by His Highness the Khedive of Egypt in recognition of valuable services rendered.

WILL SICKNESS BE INCREASED UNDER THE INSURANCE ACT?

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I HAVE no intention of touching upon the question of what would be adequate remuneration for work under the Act; but, since the scale of remuneration must ultimately be based upon the amount of work to be done, it is of interest to try to get some idea as to the probable increase in the amount of sickness likely to be developed by the Act.

In 1910 I was asked by the Association of Carnarvonshire Slate Quarry Owners to go into the question of the surgical results of the Workmen's Compensation Act, and to give evidence on their behalf before the Royal Commission on Metalliferous Mines and Quarries. With this object in view I was supplied with the returns of accidents in six of the largest quarries under the association for the years 1900 to 1909 inclusive. These returns included all accidents known to the management of the quarries concerned, and probably included all accidents which were sufficiently severe to cause a man to absent himself from work.

The number of men employed in these quarries varied from year to year, but for the whole period the average number was 1750 actual employees.

The points to be kept in mind are, that under the original Act compensation was only paid to an injured person after the expiration of 15 days' disablement, and the compensation began on the fifteenth day, the first two weeks of actual disablement not being compensated; but that under the present Act, which came into force on July 1st, 1907, compensation begins at the end of the first week, and if the disablement lasts more than 14 days the claim to compensation is dated back to the day of the accident. It thus happens that if a man receives an injury which disables him for 14 days he gets compensation for seven days only; but if the disablement lasts for 15 days he gets compensated for the whole period.

Before coming to the actual figures it may be premised that slate-quarrying is a fairly hazardous employment, the fatalities being 0.14 per cent. of the men employed, and the severe accidents—that is, accidents involving the fracture of a bone, dislocations, injury to the eye involving impairment of vision, and multiple injuries—being 0.34 per cent. Owing, however, to the nature of the material handled the number of cuts, especially cuts of the fingers and hand, is large, these being due to the excessively sharp edge of the newly split slate. Suppuration does not, as a rule, follow these cuts, and as they are simple incised wounds their healing is rapid and their treatment simple.

In Table I. is given the number of men employed year by year, the total number of accidents of all kinds, and the percentage of accidents to the number of men employed, the latter being visualised in Chart 1. It will be noticed that at the beginning of the period (in 1900) the percentage of accidents was small, being only 1.56 per cent., and rising in 1901 to 2.13 per cent. It is possible that during these early years accidents were not recorded with the care that it was found necessary to give to them later on, and that the cause of the men being absent from work was not inquired into with the same strictness that now holds. This might have, in part, accounted for the small number registered, but that the smallness of the number was not entirely due to this is shown by the fall which occurred between 1903 and 1906, when the percentage fell below that for 1901.

With the coming into force of the present Act in 1907 a

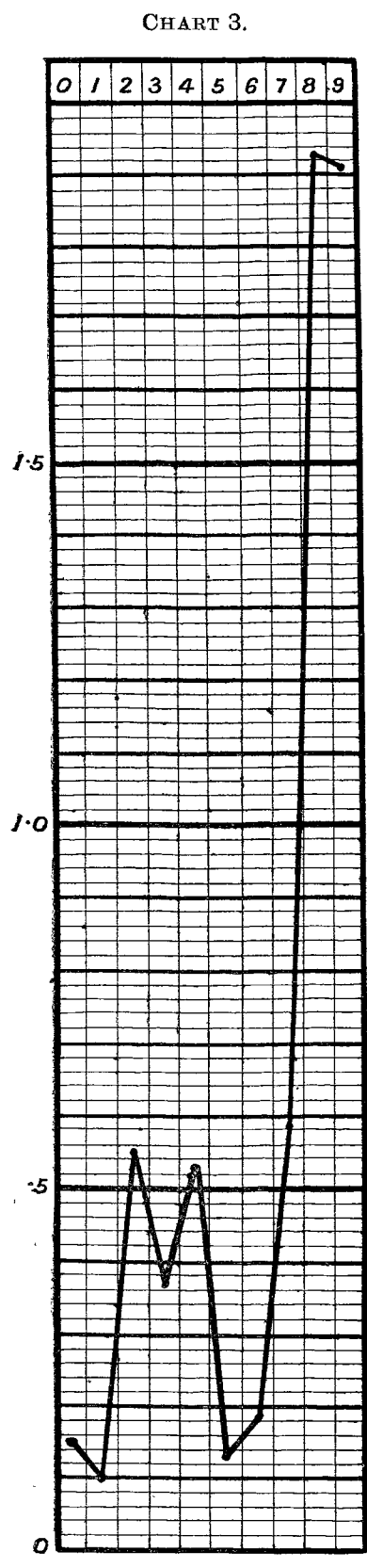
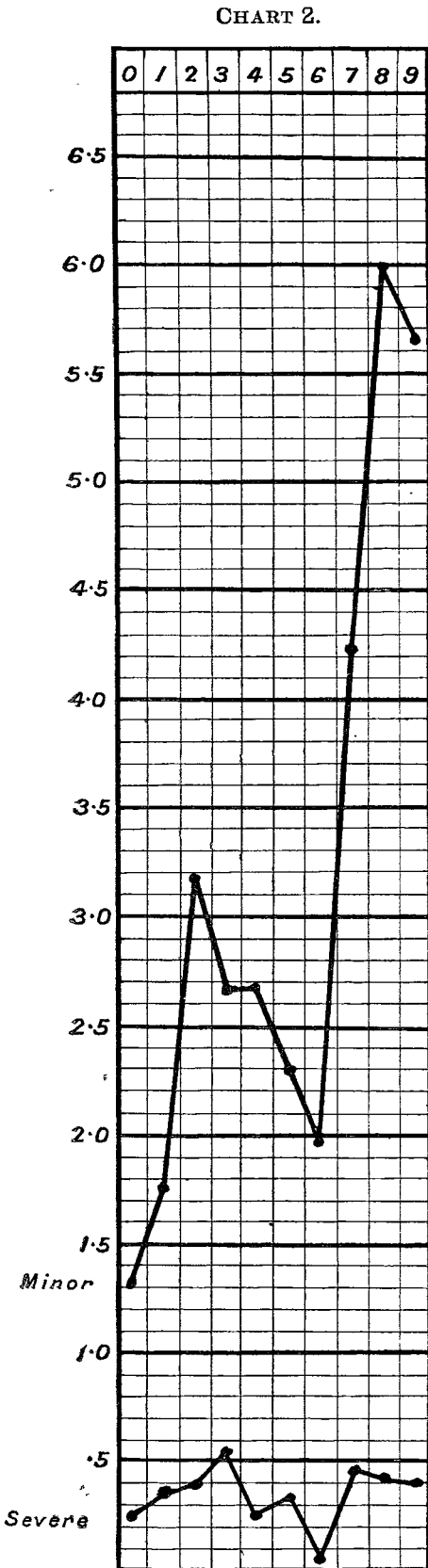
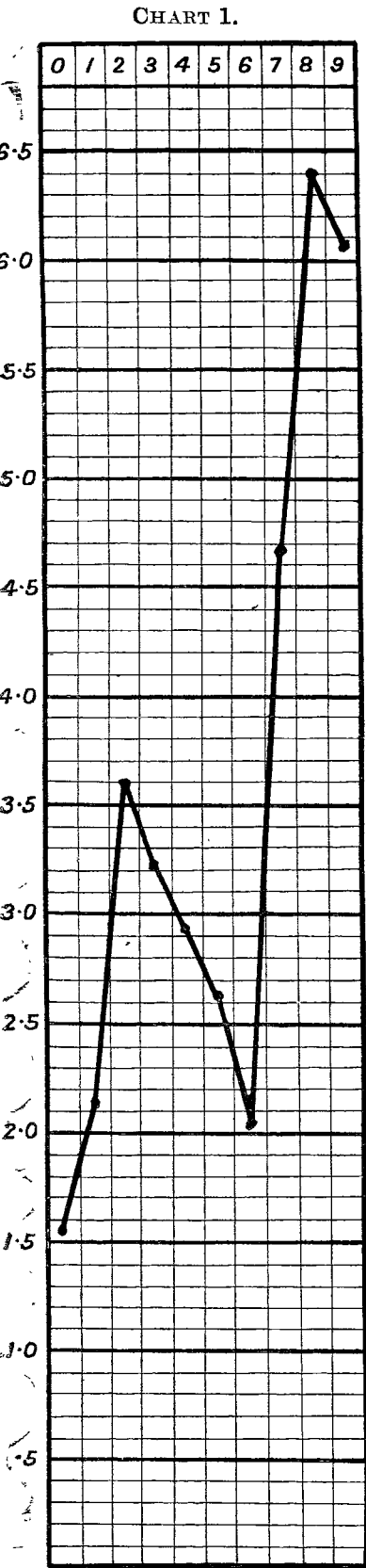


TABLE I. (Chart 1).—Total Accidents and Percentage of Men Employed.

Year.	Number of men employed.	Number of accidents.	Rate per 100 men.
1900	1,982	31	1.56
1901	1,966	42	2.13
1902	1,972	71	3.60
1903	1,867	60	3.21
1904	1,899	56	2.94
1905	1,741	46	2.64
1906	1,611	33	2.04
1907	1,539	72	4.69
1908	1,452	93	6.40
1909	1,464	89	6.07
Total.	17,493	593	3.38

TABLE II. (Chart 2).—Severe and Minor Accidents, and Percentage of Men Employed.

Severe.			Minor.		
Year.	Number.	Rate per 100 men.	Number.	Rate per 100 men.	
1900	5	0.25	26	1.31	
1901	7	0.35	35	1.77	
1902	8	0.40	63	3.19	
1903	10	0.53	50	2.67	
1904	5	0.26	51	2.68	
1905	6	0.34	40	2.30	
1906	1	0.06	32	1.98	
1907	7	0.47	65	4.22	
1908	6	0.41	87	5.99	
1909	6	0.40	83	5.66	
Total.	61	0.34	532	3.04	

TABLE III. (Chart 3).—Percentage of Men Employed Disabled for Two Weeks and less than Three.

Year.	Cases.	Per 100 men.
1900	3	0.150
1901	2	0.101
1902	11	0.557
1903	7	0.374
1904	10	0.526
1905	2	0.126
1906	3	0.186
1907	9	0.584
1908	23	1.928
1909	28	1.912
Total.	103	0.588

large rise took place, and the percentage jumped from 2.0 to 4.6; and in 1908, the first complete year under the new Act, the percentage, as compared with 1906, increased no less than threefold, and remained nearly as high in 1909.

I was directly interested in one of the quarries concerned, and I made careful inquiries as to the other quarries to see if there had been any alteration in the methods or conditions of working which might have in any way accounted for, or helped towards, this increase in the number of accidents; but whilst the increase had occurred in each one of the quarries, in no case had any alteration been made in the system of working which could have had any tendency to increase the number of accidents.

Table II. shows the total accidents, the severe and the minor being differentiated. Under the heading "Severe" are included all fatal accidents, all accidents involving fractures and dislocations, all injuries to the eye causing permanent impairment of vision, and all multiple injuries.

By this table it will be seen that whilst the severe accidents have not undergone any increase in late years, the whole of the rise in the percentage has been due to the increased number of minor accidents.

The increase in the more trivial accidents noted in Tables I. and II. would certainly suggest that the benefits received under the Compensation Act of 1907 might have had something to do with the alteration in their number. Remembering that the full benefit under the Act is not secured until the disability has lasted a full fortnight, it becomes of interest to see what has been the effect on the number of cases under treatment during this critical period. Table III. accordingly has been constructed to show the percentage of men employed who were under treatment for two weeks and less than three. From this it will be seen that, as compared with the years 1905 and 1906, the years immediately preceding the coming into force of the new Act, the percentage of employees remaining under treatment for 15 days and less than 21 has increased more than tenfold.

In face of these figures it is difficult to avoid coming to the conclusion that the benefits to be obtained under the Workmen's Compensation Act have had a distinct tendency towards increasing the number of cases of accident applying for treatment.

I wish here to say a word on the question of malingering. The impression likely to be created by the foregoing is that some, at any rate, of this increase is due to malingering on the part of the men, but I am convinced that this impression would be a wrong one. I have had occasion to become closely acquainted with a large number of the men supplying the basis of these figures, and without having been medically responsible for the treatment of their injuries I have had a very close knowledge of what they have been suffering from, and I do not know of a single case in which true malingering could have been alleged. The class of men concerned in these records are, for the most part, a highly intelligent, hard-working, and steady lot, in no way inferior to the skilled workmen found in similar occupations all over the country; and although I have only had access to the returns relating to this one occupation I have no reason to doubt that if the returns of any other hazardous trade in the United Kingdom were analysed the result would be very similar.

This being so, the question which has to be faced by us is this: If, in the case of accidents where the lesion is plain and the question of disability is comparatively simple, the number of cases occurring has increased fourfold under the stimulus of the Workmen's Compensation Act, what will be the rate of increase in the number of cases of disease where the disability may depend largely upon the subjective symptoms as experienced by the patient, whose sufferings may possibly be accentuated by the consciousness that, though he be kept from work, there will be a certain amount of money coming in?

And when to this certain increase is added the increase due to patients—instead of, as now, having to go to see their doctor during his hours—being entitled to call their own chosen man in at any time that may suit their own convenience by day or night, and all this tempered by the very human desire to secure full value for money paid, the tale of attendances is likely to mount to heights far beyond any possible present calculation. And yet it is upon an estimate of what the increase in the number of cases is likely to be that the question of "adequate remuneration" must be settled.

It is obvious that if 6s. a year a head is a fair price for the work under present conditions, should the cases increase fourfold or fivefold, as would seem possible from the figures given above, then the remuneration must also increase in proportion, and the price to be paid must be reckoned in pounds rather than in shillings.

Ramsgate.

INTERNATIONAL HYGIENE EXHIBITION, DRESDEN, 1911.

REPORT OF THE BRITISH COMMITTEE.

THE following highly satisfactory report has just been issued by the British Committee of the International Hygiene Exhibition, Dresden.

The report, which is signed by Sir Thomas Barlow (chairman), Lord Ilkeston (treasurer), and Mr. H. W. Armit (secretary), states that: "The great exhibition at Dresden has served two large purposes. It has been the means of placing on record the scientific achievements in the realms of hygiene from the earliest times up to the present, thus assisting the expert in his endeavour to progress. It has also served a vast humanitarian purpose in instructing millions of lay visitors with regard to health, the dangers associated with the various modes of life, and the best means of avoiding these dangers." We can support this statement, which has already been developed in articles in THE LANCET.¹

The report then continues:—

"Its International Character."

The exhibition was primarily a German undertaking, but the fact that all the civilised nations were invited to coöperate in carrying out the humanitarian object rendered it truly international. Among the States officially represented were Austria, Brazil, China, France, Hungary, Italy, Japan and Formosa, Russia, Spain, and Switzerland. It became a necessity, in order that Great Britain should not earn the reputation of an unfriendly nation, that our country should also join hands with Germany in attempting to improve the health conditions of the whole world.

The Government Commissions.

Each of the States represented had a special pavilion. The respective Governments appointed a Commission and voted a sum of money for the equipment of the section and for the proper management of the same. The Commissions were placed under the care of a Chief Commissioner, save in the case of Japan, which had six Commissioners, acting conjointly. In each section a staff of assistants and clerks were engaged to carry out the business of the section. Sums varying up to £35,000 were voted for the purpose by the various Governments.

The British Section.

Owing to the refusal of the British Government to undertake to organise the British Section this duty devolved on the committee appointed *ad hoc*. The difficulties with which the committee had to contend were partly due to the smallness of the financial support, partly to the lateness of beginning which was occasioned by the difficulty in obtaining funds, and partly by the exclusion of support of Governmental departments. An exception to the last-named was found in the case of the Board of Education, which lent a small but valuable exhibit dealing with the hygiene of schools.

In spite of the necessity of economising by acquiring a small pavilion the British Section was by no means the smallest in regard to the number and variety of exhibits. The scheme followed was to illustrate a large number of British methods of dealing with the various hygienic problems. The exhibits were, for the most part, not prepared with a view to elaborate elegant display, but in practically every case scientific excellence was the primary consideration. A catalogue of the section will be sent on application, enclosing 2d. for postage, to any subscriber or member of the committee.

The committee was represented by the secretary, who conducted the work without the assistance of a staff, thereby

¹ THE LANCET, vol. ii., 1911, pp. 547, 712, 1162.