The next number of the Journal will bear on the title-page that along with it there has been incorporated the *Scottish Medical and Surgical Journal*. There is no need to recall the circumstances which led to the publication in Edinburgh of two medical journals; the essential object which was aimed at from the outset by both parties, that whatever Journal was published, it should be in the hands of the medical profession, has now been fulfilled, and it is a matter for congratulation that an amalgamation of the Journals has been accomplished under the most friendly auspices. The *Edinburgh Medical* will be the title of the new Journal, this having been jointly agreed upon, partly because of the greater age of the periodical bearing that name,—it having celebrated its centenary a few years ago,—and partly because it seemed undesirable to interrupt the continuity of references in medical literature which that long-continued history implies.

The representatives of the *Edinburgh Journal* have to gratefully acknowledge the courtesy and good feeling shown them by those representing the *Scottish Journal*, and to the Chairman, Mr. Joseph Bell, their thanks are especially due. May the new periodical maintain and carry on the best traditions of Medical Journalism in Scotland, and may it be found worthy of gaining the support and goodwill of the medical profession north of the Tweed, and of Scottish graduates in all parts of the Empire!

We have received from the Medical Defence Union of Scotland a copy of a form of indemnification proposed by them for the protection of doctors signing lunacy certificates. The form, which appears to be comprehensive, is drawn up in legal terms, and is intended to be signed by the relatives or other persons at whose instance the medical man is requested to act in such cases. It is undoubtedly right that the members of our profession should protect themselves by every means from the consequences of the
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onerous duty of certifying away the liberty of a fellow-citizen, and we welcome this form as an additional safeguard. It cannot, however, be regarded as of more than partial value. In the great majority of instances the relatives are not in a financial position to undertake such an obligation, and in the cases in which they are rich enough to bear the burden, an action at law for wrongous certification is most unlikely to be raised. Those who know about asylums and their inmates know that threats of legal proceedings for alleged wrongous certification or unjust detention are daily uttered by scores of patients in asylums. In the great majority of cases they are merely stereotyped, meaningless phrases, but in a few instances they are the outcome of a strenuous determination to be avenged upon society in one way or another. It is not very generally known that patients labouring under certain forms of mental aberration are, as a rule, more vindictive and dangerous than others. There is a type of person with an ill-balanced mind and subject to vague delusions of persecution who are most liable to resort to extreme measures, either legal or physical, in their desire for notoriety or revenge. Such people hover on the borderland, at times manifestly insane but often so sane as to appeal strongly to the sympathies of the uninitiated layman. With such people it is always dangerous to meddle, and in our dealings with them we ought to take advantage of every precaution that offers. On the other hand, the majority of persons who are certified and confined on account of some regular form of acute insanity never entertain the thought of raising actions at law. There are several reasons why lawsuits under the Lunacy Acts are so few. Many of the would-be litigants are so insane that no agent or counsel could seriously plead their cause; some patients recover sufficiently to be able to recognise the justice of their certification and detention; while in many instances the patient or his relatives shrink from the publicity involved. One of the greatest safeguards of the medical profession in this connection is that by the law of Scotland such actions can only be raised before a judge sitting without a jury. Such a provision reduces considerably the prospects of the speculative lawyer, whose client is not possessed of means sufficient to finance the initial expenses of an action in the Court of Session. It is probably owing to this provision, coupled with the other reasons we have mentioned, that there has only been one action of this kind in Scotland during the long period of forty years. We have no desire to minimise the risks run by medical men acting under the lunacy laws; they undoubtedly exist, and have all along existed. It may, however, be pointed out that much more serious risks are run every day by the general practitioner and the surgeon, as exemplified by a recent notorious case twice tried in the English Courts, each time before a jury.

The indemnification form issued by the Scottish Medical
Defence Union is undoubtedly a valuable suggestion, and every medical man should provide himself with copies, but its application is necessarily limited. A survey of fifty years of lunacy administration in Scotland is sufficient to convince any one that the chances against the raising of such actions are many thousands to one.

Deaths from Anaesthetics. A great deal of attention has lately been devoted to this subject, largely we believe owing to the publicity given by a certain section of the press to reports of inquests, and also, in some measure, to the persistent manner in which anaesthetists and others magnify the risks of anaesthesia unless the drug is administered by one of themselves or in a special apparatus. As regards the prominence given in some of the daily papers to accounts of inquests on these unfortunate cases, while this may suit the popular appetite for sensationalism, we cannot believe that it serves any useful purpose. Indeed, in our opinion, it serves only to create a feeling of alarm amongst those who may have to undergo an operation, however simple, and thereby, at any rate in certain cases, increases the small although undoubted risks attendant upon general anaesthesia.

No sensible medical man wishes for a moment to underestimate such danger as exists, and we believe that throughout the profession at the present time the administration of anaesthetics is performed with due knowledge and regard to the possibility of serious consequences. When unfortunately a death does occur, it comes to be a question whether the best interests of the community are promoted by the holding of a public inquest by a coroner, who has little if any special knowledge in regard to the subject of inquiry, and by a jury of tradesmen to whom a death during anaesthesia will always be a death due to anaesthesia, and who are quite incapable of deciding whether or not any blame attaches to the administrator. We are far from suggesting that such cases should not be made the subject of full inquiry; they ought to be; but we very much deprecate that such inquiries should be conducted in public and by a body of men who are unable to appreciate the questions involved.

In Scotland, all cases of death under anaesthetics are investigated by an independent medical man, that is, one who has had no previous connection with the case. He is ordered to make full inquiry into the circumstances, as regards the necessity for the administration of an anaesthetic, and the precautions observed before, during, and after the administration; and if there is any doubt in his mind as to either the cause of death or the responsibility of those concerned in the administration, he is directed to make a post-mortem examination. His report is then
transmitted to the procurator-fiscal, who considers it along with the statements of other witnesses, and finally sends the evidence to Crown counsel, with whom the ultimate decision rests as to the culpability of the parties concerned. We submit that the Scottish method of procedure effects as thoroughly and more advantageously, so far as the public interests are concerned, all that is secured by the coroner's inquest.

What after all is gained by a public inquiry except publicity? There is no greater likelihood of justly apportioning blame by it than by the procedure in vogue in Scotland. We say justly apportioning blame advisedly, because one great disadvantage of the coroner's inquest is the fact that, without any real evidence to support it, the public often receive the impression that medical men have been to blame, and that the deaths were due to a want of care or some omission on their part. This is most unjust, but we fear that it is a view which, to judge from the opinions expressed by certain anaesthetists, is also held by them.

Before a medical man can be held responsible for a death occurring during the administration of an anaesthetic, it must be proved, in the first place, that death was due to the anaesthetic; and, secondly, that there was a want of reasonable skill, care, and attention on his part. As regards the proof that death was due to the anaesthetic, this, in the majority of cases, is quite impossible to obtain from a dissection of the body. There are no post-mortem appearances pathognomic of death from chloroform. The odour of the drug in the organs of the body signifies nothing except that chloroform has been inhaled shortly before death, a fact which in such cases is not in dispute. Nor can a chemical analysis enable us to conclude that an overdose has been administered.

The post-mortem examination, therefore, can only enable us to state that death was in all probability due to the anaesthetic if no other condition sufficient to account for death is found; or one may, by finding a definite cause of death, such as a foreign body in the air passages, be enabled absolutely to negative the suspicion.

Since the post-mortem examination can give little assistance in fixing responsibility for the death upon the medical man, we have to fall back upon the evidence afforded by the circumstances of the case. Do they show a want of reasonable skill, care, and attention? Looking to the fact that there is no pathological condition capable of diagnosis during life which is held by the best authorities absolutely to contra-indicate the administration of a general anaesthetic, if the circumstances require it, and that if a medical man exercises the ordinary precautions of giving the anaesthetic with the patient in a suitable position and suitably prepared, and if, moreover, he can show that he supervised the administration of the drug and was prepared for eventualities
with the means of resuscitation, no charge of malpraxis can possibly under these circumstances be preferred against him.

Should, however, any of the ordinary precautions have been omitted, then the question of responsibility may arise. The charge of malpraxis can practically only be proved by the attendant circumstances, and we therefore repeat that in our opinion the procedure adopted in Scotland in connection with such cases is as efficient and is more satisfactory than the method of public inquiry by coroner's inquest. In all deaths under anaesthesia there should be a careful pathological examination, with the object of collecting evidence which may help to disclose the reason why some patients die, why again some persons are apparently predisposed to suffer from the effects, and many other questions of scientific interest and practical importance.

The dissection, solely for medico-legal purposes, is, as we have stated, of little use, and can never by itself afford grounds for fixing responsibility for a death under anaesthetics upon the administrator.

The sudden death of Professor Schrötter, Ritter von Cristelli, which occurred at Vienna on the 21st April, has robbed the world of a distinguished physician and large-hearted citizen. Although in his seventy-first year, Professor Schrötter was essentially youthful. It is little more than twelve months since the writer enjoyed repeatedly long walks with him around Vienna and among the hills of the Wiener-Wald. The septuagenarian climbed the slopes with light step. Years had not dispelled his physical and mental keenness.

To succeeding bands of students from these islands, von Schrötter's name is perhaps most familiar as the foremost laryngologist of the Allgemeines Krankenhaus. "Also, meine Herren, haben sie gut gesehen?" To how many do these words recall the slight, lithe figure, friendly countenance, and alert expression of the master, as he wandered through his immense Throat Klinik. In this department, his experience and technical skill were unrivalled. His work on stenosis of the larynx and trachea is monumental. As a laryngologist, he was summoned from Vienna all over Europe and to far Siberia. It was as a laryngologist that he was consulted by the late Emperor Frederick of Germany during his last illness. How picturesquely von Schrötter would tell to a confidential friend the trying incidents of that tragic time, when it fell to him to give the gloomiest prognosis to the dying monarch and the Royal widow that was to be.

But von Schrötter was much more than a laryngologist. Of scientific stock—his father a renowned chemist—he early came
under Skoda's influence. Of Skoda he spoke with supreme reverence. To Skoda he traced the irrepressible desire, which outlived his world-wide fame as a laryngologist, to become a physician in the larger sense. It was this that led him finally to divorce himself from the more restricted sphere of the Throat Klinik, and become head of the III. Klinik of Internal Medicine in the General Hospital.

As a physician, his methods were clear, direct, and sure. It was an intellectual treat to listen to his graphic, artistic description of the salient points of a difficult case.

For many years he devoted himself with unbounded energy and self-sacrifice to the solution of the tuberculosis problem. He became the leader of the anti-tuberculosis movement in his own country, and was one of the best known members of the international crusade. He was the pioneer of the sanatorium movement in Austria, and actual founder of the great Sanatorium of Alland for poorer Austrian citizens,—one of the best equipped of its kind in the world. He was unanimously appointed President of the International Conference on Tuberculosis which met in Vienna last autumn. He took a large and hopeful view of the situation and outlook in relation to the prevention and extinction of tuberculosis. He was a clear and firm exponent of compulsory notification. One of his last papers communicated to the Sixth International Conference (September 1907) and published in its Transactions was devoted to an advocacy of notification. It contains a telling argument in its favour, and is an excellent example of von Schrötter's lucid thought and trenchant expression.

When the invitation to meet in America this autumn was conveyed to the Conference in Vienna last September, the old campaigner rose at once to his feet with the words: "Das Wort Amerika, eine Reise nach Amerika,—wessen Herz würde da nicht aufgehen, welche Beine möchten dieser Einladung nicht gerne folgen? Gewiss, wir alle werden diese Einladung mit der allergrößten Wärme und Sympathie aufnehmen."

In correspondence throughout the winter, he spoke again and again of the splendid possibilities of the meeting—the renewal of old friendships, the sight of new lands and peoples, and a grand united movement forward. But for the light-hearted veteran, the voyage he dreamed of was not to be. To one who met him in Paris in 1905, and remarked, "You look as young and as well as ever," his reply was, "No, I shall live for one year, and I may live for two and perhaps three years, but I do not think more." His physician's instinct was right.

Happy in his life, happy in the manner of his departure, honoured by his fellows, and surely beloved of Heaven, Schrötter has died young.
EDITORIAL.

The cartoon, "Working and Shirking," in which Punch hits off, as it so often does, a topic of the day, will not, we trust, be applicable to the students of our University, whom Mr. Haldane, in his double capacity of Lord Rector and Secretary of State for War, addressed last week on the subject of a "New Reserve of Officers." It is fitting that University men, with their higher education, should be utilised for the defence of the country, and it is another evidence of Mr. Haldane's thinking that he should have formulated a scheme to attract them to the army. It may be grandiloquency to say that the great units of the army are to be dominated by mind and thought and not by brute force, but it is nevertheless the right idea. Armies do not win battles by courage alone; an army by skill may be out-maneuvred as Napoleon out-maneuvred Mack at Ulm, and be defeated without a shot being fired. Napoleon said, "I have destroyed the enemy merely by marching." For this brains are needed, not only in the highest commands but in all officers, even those responsible for the smallest units. Mr. Haldane wishes the boys at our public schools to begin their training, which will be continued at the universities, so that a reserve of officers may be got to assist those of the regular army, and in time of war constitute a reserve from which competent men may be drawn to fill the depleted ranks. It is a splendid scheme, which must be welcomed by all patriotic men, and should stimulate students to take an interest in army affairs. As it is sketched by the Secretary of State, the call upon their time does not seem too great, and the suggested emoluments ought to be an inducement. Scottish students are hard-working, and not overburdened with money, but their work will not be interfered with to any extent, and their pockets will not be taxed. In the past the University Corps, Artillery and Medical, not to forget the Rifles, have been full of esprit de corps, and in the future we believe those who enter the new profession under the General Staff will emulate their predecessors.

We are naturally interested in the medical side of the army, and we know how much has been done already to enlist civilian doctors for work in the Territorial Army. Mr. Haldane takes a wide view of every department, and the short address to the nurses in the Royal Infirmary is another example of his power over detail. He spoke most appreciatively of nurses and their profession, and referred to the reserve of nurses which was being formed. The dedicated life is still the basis of his enthusiasm. Will the Nation homologate his views; will it work and not shirk?
At the last meeting of the University Court the resignation of Professor Crum Brown was received, and with his retirement there will disappear one of the most popular figures in the University of Edinburgh. During the long period of forty years he has occupied the Chair of Chemistry, having succeeded to it in 1869 when Dr. Playfair was elected member of Parliament to represent the Universities of Edinburgh and St. Andrews.

The present is not the time to review the history of the Chair of Chemistry during his long tenure, nor do we feel ourselves competent to undertake the task. There is, however, one aspect of Professor Crum Brown's academic career which is within the knowledge of every one of the many thousand students he has taught, and that is his kindness of heart, his never-failing courtesy, and his unselfish devotion in all matters affecting the lighter side as well as the more serious vein of student life. We are glad to believe that the University will not be a loser in this respect, since Dr. Crum Brown is still in vigorous health, which we trust will for many years enable him to enjoy a well-earned rest from official duties.

It was in every way appropriate that the first International Congress of Laryngology should be held in Vienna, where fifty years ago Professors Türek and Czermak laid the foundations of laryngological science by introducing the clinical application of the laryngoscope. The Congress, which assembled under the presidency of Professor Chiari, was eminently successful from every point of view; the attendance of eminent members of the specialty was large, there being thirteen from the British Isles. No effort was spared on the part of those in authority in Vienna to make the visit of the guests enjoyable. One of the most notable features of the meeting was the réception in the Volkshalle of the Rathhaus, where the music was provided by an amateur orchestra of physicians. Among the exhibits were a number of the original laryngological instruments devised and used by Czermak.

A gloom was cast over the Congress by the sudden and unexpected death of Professor Schrötter; he had welcomed the members of the Congress in an eloquent oration, and within an hour of bidding good-bye to a large party he had entertained to dinner he passed away.