he gave me the symptoms of uræmic convulsions and I remarked that I could not express surprise considering the grave condition of the patient. In reply to my questions the "brother" explained that he was the only living relative of the "deceased," who had lost his wife two years previously through accidentally taking poison. He wished the "body" to be removed from Vauxhall Bridge-road lest it should be an inconvenience in the house, and I suggested that a respectable undertaker would take charge of it. He paid my account, saying that he wished to take the receipt to his brother's solicitors. I filled in the certificate of the cause of death in the usual way. He supplied me with the necessary details. Owing to his description of the "fit" in which death had been said to occur I certified to uræmia consequent upon acute nephritis. A little later the landlady called upon me and explained that she had admitted the "brother" the previous night and had expressed surprise to him the next morning that he had not summoned her or sent for the medical man when Browning died, but had been told that it was of no use, as death had supervened almost immediately. She was concerned because the "body" was locked up and no one had been to "lay it out." I told her that although neither required by law nor the custom of the profession I should carry out my usual habit of inspecting the corpse, and that she need not worry further.

Some two hours later I called, and the "brother" being still absent I asked if a key could not be found for the folding-doors which separated Browning's room from that wherein the fire had occurred. I said that I did not wish to have to pay a second visit, and that if any difficulties were made as to the room being entered in the "brother's" absence I would be responsible, as he could have no objections to my seeing the body of my patient. On opening the door a seal was broken and this first aroused my suspicions that there was something wrong; but on looking at the bed there was dimly to be seen in the darkened chamber the outlines of a human body covered by a coverlet. Upon removing the latter I found the corpse to be a "make up." Fearing foul play to my patient I at once searched the room, but finding nothing to corroborate my suspicion I locked the door and immediately wrote to Gerald-road police-station and reported the facts. Thence I proceeded to the registrar's office, and ascertaining that the certificate had not been registered, I left instructions that if anyone presented it the police should be communicated with at once.

Later in the day, accompanied by Detective-Sergeant Bedford of the B Division, I went to the house, and a search revealed that Browning was a senior medical student and that he held a policy in the Pearl Insurance Company for £200. Whilst we were in the house the so-called "brother" arrived, and being confronted with the detective and myself confessed that he was at once the patient, the corpse, and the brother, and that he had done all this to make his relatives believe him dead, as he had just come out of prison. He said that he had no intention of making an improper use of the certificate, and handed it back to me. Questioned as to his illness he replied: "I have been ill, very ill, and am still ill, but I made the most of my symptoms, and I added albumin to the samples of urine sent to you for examination. My temperature was genuine." He further stated that after my last visit on the night of the 5th he had got out of bed and shaved off his moustache, and that disguised he had slipped out of the house and re-appeared as the "brother." Like myself the landlady did not recognise him either that night or on seeing him the next morning, so clever was the change in his appearance. The evidence before Mr. Sheil at Westminster Police-court and the subsequent trial before Mr. McConnell, K.C., at the Clerkenwell Sessions, whereat Browning was charged with making a false statement and obtaining a certificate of death by false pretences, ended in a sentence of nine months' imprisonment.

In conclusion, Sirs, may I be allowed to draw a moral from this strange case? That moral is, the desirability of legislation whereby it shall be made necessary that after death from natural causes in a case that has been attended by a duly qualified medical man the dead body shall be seen by a registered practitioner before the certificate is given, and that such practitioner shall certify, not merely as at present the *cause* of death, but also the *fact* thereof. The State should be responsible to the medical man for this visit and for giving the certificate. If I understand rightly, the desirability of such a change in the law was pointed out to a Government

Commission some years ago but nothing was done in the matter.—I am, Sirs, yours faithfully,

GIDEON W. B. MARSH,
L.S.A., B.A. Lond., F.R.Hist.S.

Tachbrook-street, S.W., Feb. 25th, 1901.

MEDICAL MEN AND LIFE INSURANCE PROPOSALS.

To the Editors of THE LANCET.

SIRS,—Doubtless in common with all other practitioners, I am constantly receiving letters from life insurance offices asking for information concerning friends or patients wishing to have their lives insured. The questions often look simple enough, but probably include one which to a medical man who has known his friend or patient for a few years, and his family for more, is not so simple as it looks—"Is there anything else in the history of the patient or his family which the office ought to know?" The actuary is kind enough to add that any reply to such a communication will be regarded as confidential; in other words, that you may give away your friend's or your patient's chances of insurance at ordinary rates without the risk of his knowing that you have done it. There is something in this assurance which shows that the offices are conscious that they are acting, to say the least, questionably. I have long absolutely objected on principle to give such information to offices. They have their own experts to investigate the medical facts of cases and are quite capable of getting all the information necessary for their own protection from the applicant or his lay friends without putting his medical friend or adviser into the false position of serving two masters. The offices have only one excuse—that the proposer often quite innocently gives them a reference to his medical friend or medical adviser, and as far as I know the medical profession has not, as a whole, or through any of its principal authorities, objected to this use of medical men.

I write in the hope that a little ventilation of this point will show the unreasonableness of the practice and lead to its discontinuance by the offices. No fee which they could pay would alter the ethical aspect of the case—except for the worse.

I am, Sirs, yours faithfully,

Highbury-place, Feb. 26th, 1901.

J. G. GLOVER.

PERFORATION OF THE BOWEL IN TYPHOID FEVER.

To the Editors of THE LANCET.

SIRS,—Professor Osler's plea for the prompt surgical treatment of perforation of the bowel in typhoid fever and your leading article thereon, both of which were published in THE LANCET of Feb. 9th (p. 386 and p. 413), should appeal with great force to all members of the medical profession. It is not too much to say that the entire profession is under deep obligation to Professor Osler for speaking his mind so emphatically on this subject through your widely-read columns, and also to you, Sirs, for your earnest endorsement of his important recommendations. It surely now behoves every medical man in attendance on a typhoid fever patient at once to take steps which will enable him, should the necessity arise, to give his patient the benefit of prompt surgical treatment, and a heavy responsibility will attach itself to the individual who fails to follow Professor Osler's advice.

There is one point in Professor Osler's paper to which I should like to draw attention, and this is the remark that perforation of the bowel as a complication of typhoid fever is liable to occur in severe examples of the disease, or in cases associated with delirium, diarrhoea, hæmorrhage, or other abdominal symptoms. Having once lost a patient from a perforating typhoid ulcer who was the subject of the so-called ambulatory form of the disease and who, until the rupture occurred, which took place whilst at stool, was going about his daily work, I am in a position to bear testimony to the oft-repeated statement that this disease, in apparently its mildest form, may terminate fatally from perforation. Bristowe in his work on Medicine points out that perforation not infrequently occurs in patients who have never taken to their beds, and Taylor asserts that in some cases the illness is so slight that patients go about their ordinary occupations until, perhaps,

the use of aperients leads to a fatal perforation, while Professor Osler himself states that in rare instances typhoid fever is unsuspected until perforation occurs. I need not, perhaps, quote any other authorities in support of this well-known insidiousness of typhoid fever. My object in mentioning it at all is to urge upon those concerned the circumstance that skilled surgical aid should be made available in every case of typhoid fever, and not only in cases which, from their clinical symptoms, are deemed to be of a serious nature.

Professor Osler divides cases of perforation into three groups. The first group comprises cases which, setting aside the exploratory laparotomy, are found to be inoperable; the second embraces all cases successfully operated on which end fatally from the disease itself; and the third consists of those cases which recover from the disease after successful operation. It seems probable that in the hands of skilful surgeons recovery would be the rule in all cases in which the symptoms, apart from the perforation, were slight in degree.

Attention is drawn in Professor Osler's communication to the difficulty occasionally experienced in the diagnosis of perforation of the bowel, and in this relationship I would point out the advisability of an examination of the chest in all doubtful cases. On one occasion, now some years ago, I omitted to take this precaution and believing my patient was suffering from peritonitis treated him with hypodermic injections of morphia every four hours combined with rectal alimentation. On the third day of this treatment the patient hawked up a pellet of blood-stained mucus, and it was then discovered that he had pneumonia of the base of the right lung, of which disease, apart from acute and sudden abdominal pain with quickened respirations, he had previously shown absolutely no symptoms.

I am, Sirs, yours faithfully,

OSWALD BAKER, M.D. DURH.

Welbeck-street, W., Feb. 17th, 1901.

"LEGISLATION AGAINST NATIONAL INTEMPERANCE."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Feb. 23rd, p. 578, Mr. Aspinall Marsden asks whether some effort cannot be made to establish in our profession a common doctrine on the temperance question. I fear that he cannot have studied your columns very carefully during the past few years and cannot be acquainted with recent literature on this subject. Perhaps, also, he is unaware of the work which has been undertaken by the Society for the Study and Cure of Inebriety. It seems necessary to inform your correspondent that a great effort is being made to establish a common doctrine on scientific grounds, but scarcely on the lines suggested by him.

I take leave to object to his suggestion that the modern view regards alcoholism as "a defect of will in relation to intoxicants," and that "the predisposing cause of alcoholism is nervous instability of all kinds." The defective will-power which is supposed to make a man unable to resist the craving for alcohol must be part only of a generally weak will. Does your correspondent deny that the Italians are more sober than the Scots? If he does not will he kindly give us his proof that the Italian is the stronger-minded race of the two? Or, to bring the subject nearer home, does he mean to assert that his teetotal friends tell him that they conquer the desire to imbibe by exerting will-power? Is the explanation not simpler—the teetotaler does not drink because he has no desire? To receive an answer to the question, "Why has the teetotaler no desire?" I refer your correspondent to Dr. Archdall Reid's writings. Then what is this "nervous instability"? What are the causation, pathology, and symptoms of it, if it be a disease? Or is it merely a revived "astral body" or "elementary spirit" of the mystics, or some curious re-christened survival from the iatro-chemical or the vital-fluid school? Or can it be part of some magic diffused from some great man in the profession? It would be well if Mr. Marsden would bring us to closer quarters with this "nervous instability."

The statement that "the children of parents with physical weakness take to narcotics like ducks to water" is far-reaching and awe-inspiring. Does Mr. Marsden mean seriously that parental drinking causes filial drunkenness—that the acquired effects of alcoholism are transmissible?

Has he the proof long sought by the scientific world in his keeping? If so, Sirs, may your columns soon be thrown open once more to the exposition of a great discovery.

Your other correspondent "M.D., B.Sc. (Lond.)" is of the serious opinion that some publicans are genuine temperance reformers. Perhaps this is more true than either he or his publican patients imagine. But what are their principles? Do they distribute temperance tracts across the bar? or have they only been reading (and have misunderstood) Dr. Reid's "Present Evolution of Man"? May I tell "M.D., B.Sc." that I know a wealthy brewer's wife who is a strong and conscientious and active temperance reformer? She collects and preaches to wayward men by the hundred; but the only noticeable effect is that her husband's tied houses are deserted for neighbouring bars, to the undisguised joy of the rival brewery. Are "M.D., B.Sc.'s" publican friends as unselfishly philanthropic?

I am, Sirs, yours faithfully,

Honor Oak-road, S.E., Feb. 25th, 1901. H. LAING GORDON.

THE NEW SYDENHAM SOCIETY.

To the Editors of THE LANCET.

SIRS,—I shall be much obliged if you will allow me a little space in order to direct the attention of your readers to an advertisement which appears in your pages and to explain its bearing. The New Sydenham Society is now in its forty-third year and its last volume was numbered 172. It has a members' list of nearly 1400. In spite, however, of the indications of prosperity which these facts may serve to afford there are others which have made its council of late years somewhat anxious. Its members' list in its palmy days numbered for many years in succession more than 3000, and the decline which has of late been steady has been yet more definite during the last year. This is probably explained by the conclusion last year of its Lexicon of Medical Terms. The council believes that this decline has arisen from perfectly natural causes. The conditions of medical journalism and of the publishing trade have during the society's lifetime been greatly changed. The supply of medical literature is now very liberal and works of real merit published abroad do not now wait long for translation. The machinery of the society is such that it cannot possibly compete in promptitude with private enterprise, nor is it in the least desirable that it should attempt to do so. In brief, the *raison d'être* of the society has been to a large extent removed and the functions which it proposed to itself are now fulfilled by others. Of late the council has encountered increasing difficulty in finding works for translation which should fulfil the two needful conditions of being at once of great and permanent value and likely to be acceptable to a wide circle of readers. Works such as those of Trousseau, Hebra, Charcot, and Hirsch are no longer available. There are plenty of valuable monographs on special subjects, but they would interest only a few and their publication by the society would certainly lead to resignations of members. The works which it undertakes must be of general interest, or its numbers, and with its numbers its efficiency, will increasingly decline.

Under the circumstances described it will not cause surprise when I state that the council has had under its serious consideration the propriety of winding up the society's affairs. It possesses sufficient funds in hand to complete last year's issue of books and it has also property of considerable value in back stock. It could therefore close its life with dignity, and the present year appears to some of us a very suitable time for doing so. There are, however, not a few members of its council and other friends of the society who are strongly averse to the idea of closing its career. It need not be said that prior to any such procedure a public meeting of its members would be called with whom the final decision would rest. Before, however, taking any further steps the council has decided to submit a proposal to the profession at large, and it is in order especially to explain this that I now trespass on your space.

It was during the years in which the "Atlas of Skin Diseases" was in course of issue that the members' list was best maintained. The "Atlas of Pathology" since undertaken has not perhaps proved equally acceptable and its issue has been impeded by want of funds. The council's present proposal is to widen the scope of this latter work and to make it an "Atlas of Pictorial Illustration of all Subjects relating to Diagnosis in Medicine, Surgery, and