

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,