

premiums had been paid. During the recent agitation of this subject many cases of fraud have been communicated to us, which lie at the account of the vicious system which some of the offices are suicidally attempting to introduce. In insurances effected on the lives of females, again, how important must it be, in every case, to learn the state of the uterine functions; but how obviously impossible it is that a stranger medical man can acquire at once the knowledge necessary for his opinion. This is another impossibility, and many more such instances might be put.

We all know how difficult it is to form a diagnosis of a great number of the most fatal diseases that can afflict humanity, at their commencement, at a single visit, or in many visits; and here we have the answers of the patient, anxious to assist the diagnosis, and telling every minute particular. In the case of the life assurance examination, the proposer, or we will say the patient, is only anxious not to communicate too much. How different is the position of the medical men in the two cases?—the one dealing with a party anxious to deceive, the other, to instruct; self-interest, that powerful motive, being equally strong in either case.

If the physicians and surgeons, or the medical directors, of the non-paying offices, consider that they really can make a diagnosis, off-hand, sufficient for the occasion, let them come forward and declare their ability so to do. If not, it is their bounden duty to inform the directors of the office of the risk they run by insuring without medical certificates. We believe that the medical referees and medical directors of the offices must be fully aware, that, as compared with the medical attendants of the assurers, they themselves are but ornamental pendants to the offices, serviceable rather for show or advertisement than for real services. Here we should beg pardon. If medical certificates are submitted in every case, the referees of the office may judge of the value of the medical report, and the value of the life as thus reported. But of course, if there are no certificates, this important function falls to the ground.

We have no doubt that offices insuring without the opinion of the medical attendant must frequently be deceived most grossly. If it should come to be publicly known that certain offices insure without adequate medical examination, these frauds must increase. Such a system would be a premium for dishonesty. Nothing could more tend to weaken the confidence of the public in life assurance than such a state of things. At the present time, with cholera at our doors, many offices who have issued policies carelessly may have a severe test of their soundness before them. It is inevitable, that those who have treated medical men honourably, and received that information which the actual professional attendants can alone give, and which furnishes the surest foundation for policies, will fare the best in any trial that may come. It will be well for shareholders in proprietary offices, and for honest assurers in mutual offices, to inquire upon whom the mischief falls when policies are issued without this guarantee. It of course falls on the shareholders and the assured. Who would enter into partnership with a dishonest man? Yet this is what must happen every day, if directors admit parties to insure without a competent knowledge of their health. And for what is this risk incurred? In the case of mutual offices, positively for no reason whatever, pecuniary or otherwise. Mutual offices do not say that

the medical attendant ought not to be paid; they say, the proposer should pay, and not the company. But what is the difference, whether the fee comes, in the case of a mutual office, from the assured himself, or from the directors of the office? Is it not, in both cases, the pocket of the assured who pays? Away, then, with such a subterfuge.

WE are glad that our notice of the tardy publication of the latter portions of the Evidence before the Parliamentary Registration Committee has been of some effect. Another blue book, equal in size, and certainly in importance, to any which has appeared before, has just been published, and can be obtained by those who are desirous of mastering the subject of Medical Reform. This volume embraces the Evidence of the Senate of the University of London; the graduates of this university; the deputation of the associated surgeons of England; and the extra licentiates of the College of Physicians. Its publication is the more important, as such a short period will now elapse before the meeting of parliament in February.

It is with a feeling of regret that we draw the attention of our readers to the destitution of a lady, the daughter of a late eminent member of the medical profession—MR. LANGSTAFF. The mind of that gentleman was devoted, through a number of years, to the pursuit of pathology and morbid anatomy, and he succeeded in forming a museum of nearly 3000 preparations. The labour and attention necessary to the accumulation of so great a number of specimens naturally occupied much of that time that would otherwise have been given to the *business* of medicine, and at last was the cause of the entire loss of a large practice. MR. LANGSTAFF made the sacrifice cheerfully, feeling that he was enduring for the sake of his beloved science, but his creditors were not so easily satisfied; the museum was brought to the hammer, and sold for less than the price of the bottles; and, unable to bear up against the mortification and disappointment which ensued, he was taken ill, and died, leaving the lady in whose favour the present appeal is made, in a state of extremely delicate health, and wholly destitute. Her cause has been taken up by a few of the old friends of her father, among whom are MR. STANLEY and DR. JEAFFRESON, of St. Bartholomew's Hospital, and it is to be hoped that many others will join in the same benevolent undertaking.

Correspondence.

“Audi alteram partem.”

THE CHOLERA AT MARGATE.

To the Editor of THE LANCET.

SIR,—“Asiatic cholera” is or is not contagious. A searching investigation into the following startling facts is loudly called for. On Saturday, the 6th inst., forty-five children from Drouett's infant pauper establishment, at Tooting, were conveyed to Margate, by railway, and most imprudently placed in Perry's invalid pauper establishment, (“The Wilderness,”) situate in the Dane, at the outskirt of the town. It appears, that Messrs. Perry and Co. had agreed to receive twenty-five children only; in consequence, the wards were over-crowded, there being already nearly 100 paupers from Greenwich Union in the house. During Sunday and Monday many of the children were attacked by diarrhoea, and on the latter day, seven well-marked cases of malignant cholera occurred. One of these, Mary-Ann D—, aged five years, died after eleven hours' illness, and on Thursday, James S—, aged thirty-five years, died after fourteen hours' illness; and Patrick L—, aged forty-four years, after eleven hours' illness. The

two former were certified by Mr. C. Evans (surgeon) to have died of "Asiatic cholera," the latter of "malignant Asiatic cholera." The two adults were from the Greenwich Union, and had been at Perry's establishment nearly two months. It appears, also, that no coroner's inquest has been held, and that the inmates of "The Wilderness" are permitted to come into the town as usual—a town which contains upwards of 11,000 permanent inhabitants, and which is entirely dependent upon its summer visitors.

I repeat "Asiatic cholera" is or is not contagious. In *The Times* of Saturday last, in the report of the highly interesting coroner's inquest, at the Royal Free Hospital, in Gray's-inn-road, upon the bodies of four children who had been inmates of Drouett's infant pauper establishment, at Tooting, it appears that the coroner (Mr. Wakley) asked Mr. Grainger, one of the superintending-inspectors of the General Board of Health, "Do you deem cholera ordinarily, or under any circumstances, to be contagious?" To this Mr. Grainger replied—"I believe it under no form or circumstances whatever to be a contagious disease. I have never met with any fact which has led me to believe it to be communicable from man to man." Again, Mr. Wakley asked, "Do you believe the disease can be taken by emanations from a dead body?" Mr. Grainger replied—"No; I have seen nothing to induce me to believe that the disease can be taken by emanations from a dead body." Here, then, we have the opinion of a learned member of the Council of the Royal College of Surgeons of England, that the cholera is *not contagious*, in which opinion, after the most assiduous attention to numerous cases of cholera, in 1831 and 1832, I entirely concur, and beg to add, that I considered then, as I do now, that it is impossible any epidemic disease should ever depend upon contagion, and that regulations of quarantine were mere walls to shut out larks.

I am, Sir, your obedient servant,

Margate, January, 1849. JOSHUA WADDINGTON, F.R.C.S.E.

** We regret that want of space precluded our publishing this letter last week.—ED. L.

A "LANCET" BLACK-LIST.

To the Editor of THE LANCET.

SIR,—I have long been much pleased with the manner in which you hold up to contempt and derision the names and pretensions of men who fish for patients and notoriety in advertisements and placards, in however so mild a degree; and have long thought it would be an admirable plan to adopt, if, at stated intervals, (say once in one or two months,) you would print a collection of all such cases as were sent to you, in a column of THE LANCET devoted to this purpose solely, and which column might be headed with "Quack Scraps," "Black-List," or "Condemned Column," &c. If once a man's name appeared in this column, it would stick to him for life; and the dread of such an unenviable addition to their love of notoriety would keep many a man within the bounds of decorum as strictly as any law of the legislature.

This week you receive the *Birmingham Journal*, with the advertisement of a candidate for notoriety, to whom you might do this service.—I am, Sir, your obedient servant,
January, 1849. SENEX.

P.S.—Let me press upon you the adoption of this plan; I have spoken to others, who highly approve of it. With what anxious eagerness would every delinquent look at THE LANCET of that week!

MEDICAL REFORM.

HEADS OF A MEDICAL REFORM BILL CALCULATED TO MEET THE WANTS OF ALL GRADES OF THE PROFESSION, AND TO BE SERVICEABLE TO THE PUBLIC.

The College of Physicians to continue the management of its own affairs, &c., &c., as at present.

The College of Surgeons shall be composed of two degrees, determined by a first and second examination.

First: the fellows, who shall have the power to elect a council for the general management of the college, and to appoint examinations for admission into their own body.

Second: the licentiates in medicine and surgery who shall bear, as at present, the honorary title of surgeons, and shall be represented in the College of Surgeons by a council, chosen by members of their degree, who shall have been admitted ten years. This council to join in all matters and powers with the council of the fellows, and watch over the interests of the licentiates.

The court of examiners for the licentiates in medicine and

surgery shall be chosen somewhat as follows:—the president shall be appointed by the secretary of state, and hold his appointment for three years. Two members shall be chosen by the College of Physicians; four by the council of the fellows of the College of Surgeons; and six by the council of the licentiates in medicine and surgery.

Licentiates in medicine and surgery, after six years, shall be eligible for examination for the fellowship of the College of Surgeons and also for the diploma of doctor of medicine at the College of Physicians.

The medical profession in Scotland and Ireland to be under the same regulations, and allowed to practise in all parts of the united kingdom.

The registration of the profession: the physicians to be placed first; the fellows of the College of Surgeons second; and, third, the general practitioners having double qualifications; and, lastly, all surgeons &c. in actual practice.

That licence to sell drugs be granted at the quarter sessions of each county, &c., where the person applying shall be examined as to his knowledge of the nature and quality of drugs, especially of the active poisons; which, under penalty, shall be kept locked up, under the care of himself or licensed assistant.

The examination to take place before two magistrates, and be conducted by two competent persons appointed by the bench of magistrates.

The licence to be charged two pounds.

The licence for assistants to be charged ten shillings.

All persons at present selling drugs, to apply for a licence, to be granted without examination, at a charge of ten shillings.

H. S., SURGEON AND APOTHECARY.

A SECOND HEROD.

To the Editor of THE LANCET.

SIR,—Some friends of mine being very anxious to learn whether I am the doctor alluded to, under the above title, in THE LANCET of the 23rd of December, will you allow me to make use of your journal to assure them that I am not the gentleman alluded to. I have never vaccinated a child since I came to Darlington, nor, indeed, does it strictly come within my province to do so.

Hoping you will excuse my thus occupying your space with a mere personal matter, I remain, Sir, your obedient servant,

WILLIAM V. DRURY, M.D.

Darlington, Jan. 16, 1849.

THE PATHOLOGY AND TREATMENT OF CATARRH.

To the Editor of THE LANCET.

SIR,—People catch cold, and either blame themselves, or are told by others that the cause is want of proper caution. But there are persons who take cold, and suffer therefrom, in spite of care or used caution. There are causes quite independent of themselves, and these causes seem to tell on particular constitutions, especially those who are thin, those who are of a nervous or sanguinous temperament.

In these, the balance of animal heat is only just kept up when the atmosphere is at mean temperature. If above that, they suffer from overheat; if below, they are deprived of a sufficient quantity of caloric to carry on the natural functions of the human frame. The insensible perspiration is checked on the surface of the skin, and the aqueous exhalation is diminished from the mucous surface of the air-passages. These results take place from breathing (walking, or in any mode living in,) a cold atmosphere.

A damp atmosphere produces cold because atmospheric air will only hold a certain quantity of vapour; hence that which ought to be carried off from the body is checked. A cold atmosphere produces cold because it reduces the animal heat, and there is not found sufficient heat to become latent by dispersing the animal vapours. Hence the results, congestion and a peculiar morbid state of the lining of the air-passages, which throw off secretion which accords with the different stages of the disease, and often runs into fatal maladies, as phthisis.

Treatment of common cold:—

1. Diuretics.

2. Sternutatories.

3. Inhalation, especially if dry, pure air could be inhaled; it must be quite pure, dry air; mischief results from the irritation of dried foreign particles existing in it.

4. Give rhubarb pills, and a full, generous diet.

Yours respectfully,

A SUFFERER.

January 17, 1849.