

is aggravated by the subsequent statement made at the last meeting of the Society that the case had been in the law courts, and was a *cause célèbre*. There is not a shadow of truth in this cruel calumny. It never was in any law court.

At page 294 of your current volume, it is stated in the report of a lecture delivered at Glasgow that I, who may be said to have been one of the earliest advocates of exploratory incisions, discountenance them because a young lady is said to have been brought to me in 1884 by her medical attendant (who is not named), and that I then discouraged operation. The tumour I then found is said to have increased afterwards, and to have been removed last year. It is not stated whether I saw the patient or not after 1884. If I knew the name of the surgeon who is said to have brought her to me, it is not at all improbable that the inaccuracy in the statements of the case brought before the Gynæcological Society would be equalled in the statement of the case of this young lady; and that the whole story, if not essentially fabulous, would still prove to be exactly such a "truth which is half a truth," as Tennyson has stigmatised in immortal verse.

I am, Sirs, yours truly,

Upper Grosvenor-street, Feb. 10th, 1891. T. SPENCER WELLS.

* * This correspondence must now cease. We cannot afford further space for the prolongation of this unfortunate controversy.—ED. L.

INSURANCES ON THE LIVES OF PHYSICIANS.

To the Editors of THE LANCET.

SIRS,—Some time ago Mr. James Chatham addressed a letter to THE LANCET, in which he showed that the mortality among medical men was far in excess of the expected number, as calculated by the Actuaries' Healthy Males Table. He took his data from the census returns of 1861, 1871, and 1881. His conclusions I by no means desire to call in question. They serve very pointedly to indicate in a sufficiently telling manner the sacrifices, even of life itself, which medical men are daily called upon to make, and which they cheerfully make, for the welfare of their fellow-men. But, from a life assurance point of view, it appears to me that this method of calculating the value of the life of a medical man is hardly a fair one; for it must be remembered that the mortality rate which Mr. Chatham worked out is obtained from the deaths of all medical men in the United Kingdom, at all ages, assured and non-assured. Now, it is well known that many of these die quite young, before they attain the average age at which medical men think it necessary to assure their lives, by reason of the peculiar risks and hardships to which their calling subjects them. Further, in common with all who desire to assure their lives, medical men have to submit to a thorough medical examination, and thus the unhealthy are excluded, and the company assuring them has to deal with selected risks who will be much more likely to fulfil their expectation of life than the general body of medical men. To some extent this is borne out by the investigation of the mortality statistics of the Scottish Widows' Fund and Life Assurance Society, on which I am at present engaged. The period extends over fourteen years, and the number of claims amounts to 5505. Of these, 248 are made by the representatives of medical men. (Under this heading I class physicians, surgeons, and dentists.) The average age at which they assured their lives was thirty-five, and their average age at death was fifty-six in round numbers. Their expectation, according to the Actuaries' Healthy Males Table, was thirty-one years, and of this they fulfilled, on the average, twenty-one years. Now, the average duration of the whole 5505 was only 20·790 years, in round numbers twenty-one years; and the average age at death of the total number was 57·633. It would thus appear that medical men are quite up to the average of assured lives in fulfilling their expectation of life. A further examination brings out the fact that they are a better class of lives than shopkeepers, engineers, architects, teachers, artists, and much better than bakers, butchers, masons, commercial travellers, clerks, and book-keepers. Mr. Chatham showed that the lives of medical men, in the whole country, were shorter than those of coal-miners. But, from the example I have been able to adduce, this does not seem to hold good for selected lives.

It may not be without interest to some of your readers to learn what are the principal disorders by which medical men are cut off. In common with other members of the Society, a large percentage die of heart disease and diseases of the nervous system. But, as might almost have been predicated, a large number succumb to pneumonia; nearly double the number died of this disease as contrasted with the other insurers. The same remark applies to enteric fever and other zymotic diseases, while more than the average come to an untimely end by violent or sudden death. These causes are manifestly incidental to their calling, and probably cannot be well guarded against. On the other hand, it is curious to note that consumption claims as its victims only about one-third of the total average of deaths from this cause, and no less than thirteen attained the venerable average age of eighty-four, and were justifiably classed as dying of "old age."

I am, Sirs, yours faithfully,

Edinburgh, Feb. 10th, 1891.

CLAUD MUIRHEAD, M.D.

DR. KOCH'S FLUID.

To the Editors of THE LANCET.

SIRS,—In connexion with the action of Dr. Koch's fluid on lupus would you allow me to call attention to Dr. Fehleisen's experiments with pure cultivations of the micrococcus of erysipelas on this disease, to which I have not noticed any reference in discussions on the subject. The translation of Dr. Fehleisen's paper appears in the Sydenham Society's volume, "Micro-parasites in Disease," published in 1886. On page 272 of this volume, speaking of the curative effect of erysipelas, he says: "I shall also omit the descriptions of its curative effect in chronic joint affections and different forms of syphilis, although particularly in connexion with the latter many reliable accounts exist. The curative effects on lupus are, however, well guaranteed by a number of trustworthy and experienced observers, of whom I need only mention Helva." Further on, page 278, he gives the result of an inoculation in these words: "In order to exclude the objection that the cultivation was dead, a fifth patient, a girl twenty-nine years old, who was suffering from an extensive lupus of the face, was at the same time inoculated with the rest of the same cultivation. She had also recovered from erysipelas of the face in Dec. 1881. The rigor appeared forty-seven hours after inoculation, the temperature rose at once to 39·5° C. and reached the same day 40·1° C., and on Oct. 28th (i.e., four days after inoculation) it became normal. The disturbance of general health was in this case very marked. The short duration of the attack may be accounted for by the fact that the patient had had an attack of erysipelas of the same place ten months previously. The lupus healed as the result of the erysipelas with the exception of a few nodules in the neighbourhood of the nostrils." Dr. Fehleisen's paper and experiments open up many questions of deep interest to the profession into which I shall not now enter. In connexion with Dr. Koch's fluid they raise the question whether the action of this fluid on lupus (and possibly in chronic joint affections) has any specific relation to the tubercle bacillus from cultivations of which it is said to be produced.

I am, Sirs, yours truly,

Exeter, Feb. 9th, 1891.

HENRY DAVY.

A PLEA FOR LIBERTY.

To the Editors of THE LANCET.

SIRS,—In the introduction to a collection of essays lately published, and entitled "A Plea for Liberty," Mr. Herbert Spencer says: "The root of all well-ordered social action is a sentiment of justice, which at once insists on personal freedom, and is solicitous for the like freedom of others, and there at present exists but a very inadequate amount of this sentiment."

In ancient Egypt, as Herodotus tells us (II. 84), the art of healing was distributed into several departments, each practitioner occupying himself with a single disorder, and no more. This subdivision, maintained from generation to generation, did, no doubt, for a time favour the attainment of personal knowledge and skill, but, by persistently contracting the intellectual sympathies, and circumscribing the range of observation, it ultimately defeated its own end. There was, however, a more pernicious influence at