

of the feeling that prevailed amongst the leading physicians in this country when the stethoscope was introduced to them. I write now to draw attention to the necessity which still exists for some scientific inquiry into the principles upon which the stethoscope should be constructed. It is clear that Sir H. Halford felt very doubtful whether we could use the sense of hearing to much advantage in the diagnosis of disease. With him it was the sight and the touch and the accounts given by sufferers that afforded all that was best for diagnosis. But that it was possible to use the ear to practical good seemed to him very reasonable, and those who can recall the way in which the stethoscope was handled by many of the physicians of the second quarter of this century, and even later, can well conceive what most of Sir H. Halford's contemporaries must have thought of it. I am thinking now of a conversation I had with my friend, the late Dr. Stone, not long before he died. If he had lived we should have had from him some valuable contributions to the understanding of how the ear can best be used to diagnose disease, for Dr. Stone was a great authority on the science of acoustics. What difference there is between the sounds that pass in a tube and those that pass along solid material is of chief importance in the construction of the stethoscope; and to me it was a matter of great interest to hear Dr. Stone affirm most positively that it is far better to listen without the stethoscope than with it—that is to say, that if the ear itself can be applied to the chest it is far better than using a stethoscope. The various sounds which are diagnostic of cardiac and pulmonary diseases, when they pass from the walls of the thorax through the stethoscope to the ear, may, some of them, be best transmitted by the air contained in a tube; while other sounds travel best through the wood or metal of which the stethoscope may be made. To distinguish clearly between these two classes of sounds, to explain how they are produced, and how the stethoscope is to be used, are matters of importance in the work of clinical teaching which does not receive the attention it ought from most of the physicians who have the care of in-patients in our hospitals.

In an out-patient room it is impossible to consider such a matter as this. Perhaps, indeed, it ought to be done only in the lectures on medicine. This, however, is a question on which opinions will differ.

I am, Sirs, yours faithfully,
Gunterstone-road, W., Dec. 3rd, 1895. ROBERT J. LEE.

THE FEES FOR THE REGISTRATION OF DIPLOMAS IN PUBLIC HEALTH.

To the Editors of THE LANCET.

SIRS,—I beg to call your attention to a regulation of the General Medical Council relating to the registration of diplomas in Public Health. After the first registration of qualifications in medicine and surgery a fee of 5s. is required for each additional qualification registered. In Public Health a fee of £2 is expected for the first qualification, and again a further £2 for each additional registration. Thus a man taking a D.P.H. and subsequently an M.D. in State Medicine is required to pay £4. Few people outside the Council can see the reason for charging so high a fee for registering a first qualification in Public Health; no one, I think, can show cause why for each and every additional registration an equal fee should be required.

I am, Sirs, yours truly,
Clifton, Dec. 31st, 1895. J. D. SYMES, M.D. Lond.

LIFE INSURANCE OFFICES AND THE PROFESSION.

To the Editors of THE LANCET.

SIRS,—I enclose copies of a correspondence which I have recently had with a life insurance office in London, and which I shall render anonymous, as one of the letters is marked "Confidential." As a profession we have our own internecine difficulties, which may be regarded as family differences and can usually be satisfactorily arranged with a little patience and good temper. But as a body we should, like all effective corporations, present an unbroken front to external presumption or aggression. Attacks of this character, like the "Chinee" who has passed into literature, approach "with a smile which is childlike and bland." We must not, however, be misled by such seeming innocence, but—I believe

you will agree with me—repulse them with the decorum which becomes a liberal profession, and the decisiveness which belongs to a social power. It is in the hope that you will put the whole profession on their guard against an insidious form of such attacks that I place the following correspondence before you:—

"From the Manager of the ——— Life Office.

"SIR,—You have been referred to for information in regard to the health and habits of Mr. ——— in connexion with a proposal for insurance on his life. The directors will, therefore, feel obliged if you will favour them in confidence with replies to the subjoined questions."

Among these are: "Does he enjoy good health, and has he a sound constitution?" "If you know or have heard of his ever having been indisposed, state the nature of the ailment or ailments by which he is affected." "Have any relatives died of consumption or other pulmonary complaint, or of any hereditary disease? If so, specify cases." "Are you aware of any other circumstances bearing upon the eligibility of his life for insurance?" To this "favour" I replied:—

"DEAR SIR,—I have received your request for particulars concerning Mr. ———. I do not gather from your communication whether the information you desire is a professional opinion or the views of a friend of Mr. ——— on the subject of his general eligibility for life insurance, inasmuch as you make no mention of the honorarium given by most offices consulting a professional man. May I inquire whether the ——— Life Assurance Society expects candidates to pay such fees? On hearing from you I shall reply to your note."

In answer to this I received the following:—

"Replying to your favour of over date, I find that the form sent to you was a private friend's report form, Mr. ——— having referred to you in that capacity. It is not, therefore, a professional opinion which we require from you, as we expect Mr. ——— will be examined by our chief medical officer to-day. Thanking you in anticipation,—Yours faithfully,—"

I may state that my knowledge of and friendship for Mr. ——— was that which any professional man has for a patient whom he has known for some time. I replied, therefore, as follows:—

DEAR SIR,—In reply to your note of yesterday I have pleasure in stating generally that I believe Mr. ——— eligible for life insurance; as, however, a categorical answer to the questions you have sent me involves a professional opinion, I trust you will pardon my returning them to you unanswered, together with the stamped envelope, unused, with which you were good enough to accompany your original favour. The fact of your chief medical officer examining a case, no doubt, at times appears to be sufficient to the lay mind, but I would respectfully suggest to you that under these circumstances the selection of a non-medical friend would be more in accordance with what is usually called good taste. I observe that the second portion of my note inquiring as to your usual custom as regards the remuneration of outside medical opinion remains unanswered. Quite possibly your custom is in accordance with the usage of the best offices, but, if it be not, permit me, with all deference, to add that you will consult your own best interests by treating with just consideration the profession on whose knowledge and advice, together with the coöperation of the actuary, the whole system of life insurance is based."

I am, Sirs, yours faithfully,
Nov. 29th, 1895. M.D.

THE BATTLE OF THE CLUBS.—XVI.¹

(FROM OUR SPECIAL COMMISSIONER.)

(Continued from p. 1671 of vol. ii., 1895.)

BIRMINGHAM: EXPLOITATION OF MEDICAL MEN BY INDIVIDUAL LAY SPECULATORS.

By reason of its size, the different character of its various districts, the large number of its institutions and clubs, and the disorganised condition and conflicting interests of its numerous medical practitioners, Birmingham is a town that presents more than the usual difficulties besetting an inquiry concerning the clubs and medical aid societies. Moreover there is no strong medical centre where a consensus of opinion can be obtained. On the contrary, opinions are singularly divided, and I frequently found that the very institution which one medical practitioner would denounce as the most offensive and glaring of the many grievances existing was precisely the very one another medical practitioner would point out as that which gave rise to the fewest complaints. Then, to render matters still more confusing, I felt

¹ The previous articles on this subject were published in THE LANCET on the following dates: (1) Aug. 24th, 1895, Brussels; (2) Aug. 31st, 1895, Brussels; (3) Sept. 21st, 1895, Portsmouth; (4) Sept. 28th, 1895, Portsmouth; (5) Oct. 5th, 1895, Eastbourne; (6) Oct. 12th, 1895, Lincoln; (7) Oct. 26th, 1895, Lincoln; (8) Nov. 2nd, 1895, Grimsby; (9) Nov. 9th, 1895, Bexhill-on-Sea; (10) Nov. 16th, 1895, Hull; (11) Nov. 23rd, 1895, Hull; (12) Dec. 7th, 1895, York; (13) Dec. 14th, 1895, Northampton; (14) Dec. 21st, 1895, Fermanagh Medico-Ethical Association; (15) Dec. 28th, 1895, Northampton.