

from causes beyond the control of railway officials and passengers, will be very considerably diminished. I hope ere long to be able to forward you a "notebook" dealing with railway "first-aid" work, which, I think, will be of some practical use to railway servants and others interested in the subject. With apologies for trespassing on your time and space,—I am, Sirs, yours obediently,

N. HAY FORBES, F.R.C.S. Edin. (Exam.),
Examiner, St. John Ambulance Association; formerly
Surgeon, H.M. Army Medical Staff.

Tunbridge Wells, Dec. 9th, 1895.

ANÆMIA OR ANEMIA?

To the Editors of THE LANCET.

SIRS,—Spelling is, at the present time, a prominent subject. It has a special interest for us now that so many medical books, printed in the United States, present to us spelling which we are not yet sufficiently familiar with to appreciate. The readers of THE LANCET may be interested in the following letter from Professor Skeat, which he has been so good as to give me permission to send to you. The spelling of the word "anemia" carries with it that of many others.

I am, Sirs, yours faithfully,

W. R. GOWERS.

"DEAR SIR,—It is quite impossible to regulate spelling. The one great principle in all cases of doubt and dispute is that every man shall make his own laws, and it is not likely that argument will be listened to or even permitted. In the New English Dictionary the spelling given is *anæmia*; all the same, the spelling *anemia* occurs in one of the examples. It is largely a question of date. The Latin *æ* became *e* in French; and when words come into English through French the spelling *e* may easily prevail. For example, we have the word *primeval* on a French model. I am trying to introduce the spelling *medieval*, to pair off with this; and I think it is making some headway. We have, in Cambridge, a 'Medieval and Modern Languages Tripos.' The practical objection to *æ* and *æ* is that they are difficult to write and print. In many cases an *e* would serve the purpose. I need not say that the Authorised Version of the English Bible (by many considered as a good authority) has the form *emerod's* instead of *hæmorrhoids*; yet no one objects. Ogilvie's Dictionary prefers *hemorrhoids* to *hæmorrhoids*, and, I think, with reason. There is no *æ* or *æ* in English; it is always pronounced as *e*, and might just as well be so written. The use of writing is to represent the sound of the words, not to be everlastingly harping upon the Greek and Latin forms. But few people can see this; and when a thing is wrong they stick to it all the same. Thus *aneurism* is common, and I like it and admit it. But it is false etymology; of course, it should be *aneurysm*. And the question for those who defend *hæmorrhage* is, Will you, then, undertake to use the form *aneurysm*? If not, why not? I pause for a reply. No one now writes *caelestial*, yet it is from the Latin *caelum*. Again I ask, why not?—Yours sincerely,

"Cambridge, Dec. 15th, 1895. (Sd.) W. W. SKEAT."

"MASON v. HADDEN."

To the Editors of THE LANCET.

SIRS,—The particulars of this action at law, in which a medical man was sued for damages in consequence of his having notified a case under the Infectious Diseases Notification Act which he had reasonable grounds for regarding as one of small-pox, will be within your recollection; also that a jury awarded damages to the plaintiff, but that on appeal the verdict was reversed by the full Court. We were previously advised that any public discussion of the matter by the medical profession would be undesirable, fearing that doing so might in any way prejudice the case. The judgment of the full Court justifies Dr. Hadden and relieves him from any imputation whatever. In addition to the anxiety and trouble necessarily caused to him while the action was pending, the question of expense has to be considered. Dr. Hadden has already incurred a large pecuniary liability, and as he fought this case on professional and public as well as on private grounds, we feel that he should not be allowed to suffer any loss; therefore we readily ask our professional brethren to join in a subscription to meet any such expense. The issues raised have had an interest far beyond an individual one, and have induced

Dr. Hadden to contest the case on broad public grounds, for had the contention of the plaintiff in this matter remained unchallenged a blow would have been struck at public safety as well as at the independence of medical men.

If a physician is to be proceeded against for the discharge of a duty cast upon him by an Act of Parliament passed for the protection of the public at large, it would seriously interfere with the profession in carrying out the law and in protecting the public as they are bound to do. We feel that both the moral and substantial support of his profession should be accorded to Dr. Hadden in the trying position in which he has been placed. The Act referred to is already unpopular enough with many persons, and if a new terror in the shape of actions for damages against medical men for carrying out the duty cast on them, and for which they are made legally liable, be introduced it is to be feared that many will be deterred from obeying the law to its full extent.

Subscriptions, limited to one guinea, will be received and acknowledged by James Craig, M.D., 35, York-street, Dublin, who has consented to act as honorary treasurer.

(Signed)

THOMAS W. GRIMSHAW,

President, Royal College of Physicians, Ireland.

THORNLEY STOKER,

President, Royal College of Surgeons, Ireland.

JAMES LITTLE,

President, Royal Academy of Medicine, Ireland.

AUSTIN MELDON,

President, Irish Medical Association.

H. R. SWANZY,

President, Dublin Branch, British Medical Association.

E. H. BENNETT,

Professor of Surgery, University of Dublin.

WM. THOMSON,

Senator, Royal University of Ireland.

"THE CASE OF DR. WIGHT."

To the Editors of THE LANCET.

SIRS,—*Apropos* of your excellent leading article in THE LANCET of Dec. 7th, 1895, on Dr. Wight, let me relate the following case which occurred in my practice some time ago. It was a case of placenta prævia, presenting the usual features of such cases—viz., hæmorrhage recurring at uncertain intervals for several weeks. Delivery was finally effected by version. The child was alive, and I found the placenta in the vagina and removed it without difficulty. I congratulated myself on the satisfactory termination of so anxious and troublesome a case. Alas, I reckoned without my host; my exultation was a little too premature, for in a short time unmistakable symptoms of internal hæmorrhage made their appearance. I introduced my hand and was horrified to find an extensive laceration of the uterus posteriorly. I administered restoratives—stimulants, &c.—both by mouth and rectum, more by the way of satisfying the friends that means were being used than from any hope of real benefit, as I knew nothing could save her. She died within an hour. I am utterly at a loss to account for this rupture. I have turned in some scores of cases, and seldom have I done so with less difficulty. The parts were soft and dilatable, and no force was required either in introducing the hand or in extracting the child. The only trouble I had was, the placental presentation being complete, that my fingers got entangled in the membranes and required a little gentle manipulation to extricate them. It is an unusual case, for everyone who has had much experience of midwifery knows that the uterus is an organ that will stand a good deal of rough handling innocuously. It is interesting, too, from a legal point of view, as one can easily fancy an action—either civil or criminal—arising out of such a case.

I am, Sirs, yours truly,

J. BRISBANE, M.D. Glasg.

St. John's Wood-road, N.W., Dec. 7th, 1895.

SIR HENRY HALFORD, BART., AND THE STETHOSCOPE.

To the Editors of THE LANCET.

SIRS,—There is a letter in "The Life of Sir H. Halford, Bart.," which, I think, must have more interest for those who like studying the progress of scientific medicine than any other letter in Dr. Munk's interesting work. It is the one to Dr. Sudamore (page 270), which gives us some idea

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.