densed, and contained several small dense bodies, about the size of currants.

Mr. Law exhibited a portion of the upper lobe of the lung of a shoemaker who died of an affection of the head. The specimen was dark-colored, and deeply tinged water. In the upper part the pulmonary tissue was partially condensed.

Dr. Branson exhibited the ileum of a man who had died of typhus fever. There were numerous extensive ulcerations, some of which were very deep. The man had never complained of pain during his illness, and there was no tenderness even on severe pressure. There was only slight diarrhoea for a very short time, but on two occasions he voided a considerable quantity of blood per anum.

Mr. Thomas afterwards read a paper on the Influence of Local Injuries during the early Periods of Life. After describing the peculiarities of infancy and boyhood, Mr. T. detailed three cases which had occurred in his infirmary practice, to show the natural capabilities of the system, during the latter period, to resist the destructive influence of local injuries.

The first was a case of compound fracture of the skull, which occurred in a healthy boy, William Rowbotham, aged eight, when watching some men play at quoits; one of the quoits, twelve pounds weight, was thrown wide, and struck him on the left parietal bone with the notched part of its circumference, thus producing two compound fractures of the skull, one anterior (two inches long), the other (one inch and a half long) posterior to the notch, and running parallel to the sagittal suture, half an inch to the right of the centre of ossification; the depression at its deepest part was rather more than a quarter of an inch below the adjacent bone. Here, in the absence of any diploe at this early age, the inner table would inevitably be fractured, and compress the brain. Yet, after the first slight shock was over, not any symptom of compression presented itself.

July 6, 1843. The treatment consisted in a few leeches to remove the inflammation of the scalp; cold to the head; occasional aperients, with mercurial powder; low diet, and perfect rest.

July 27. Made out-patient, on account of the crowded state of the house.

Sept. 26. Continues quite well, and discharged.

The structure of the skull, with the soft condition of the brain, importantly contributed to this boy's safety.

The second case was a punctured wound of the knee-joint. The subject, a healthy boy, John Adams, aged eleven, who, in buffing a pen-knife blade, slipped it off the wheel, and it entered his right knee, half an inch on the inner side of the patella, near its superior margin, inflicting a small wound, out of which some synovial fluid escaped.

Admitted Aug. 11. The edges were brought together with adhesive plaster; cold applied to the joint; a back splint worn; a few doses of tartrate of antimony and sulphate of magnesia administered; union by the first intention was perfect, and the boy discharged cured August 22.

The third case was one of compound fracture of the tibia and fibula, complicated with wound of the tibio-tarsal articulation.

July 6, 1843. Elizabeth Webster, aged fourteen, a half-fed looking girl, was admitted, stating that she had been thrown down and trampled upon by a runaway horse of an equestrian company, whose performances she was witnessing. I found the integuments of the left leg were terribly contused, a severe oblique compound fracture of the tibia, near its centre, the upper portion projecting three quarters of an inch through the wound, and irreducible; the fibula fractured in two or three places, and a contused wound on the outer side of the ankle, entering the joint, and effusing some synovia. The blood-vessels and nerves not seriously injured. Shock to the system very severe.

Treatment locally: The removal of several small fragments of bone; sawing off nearly one inch of the upper portion of the tibia, when reduction was effected with little or no shortening of the limb, owing to the obliquity of the fracture filling up the interspace and giving support; semiflexed, elevated position of limb. Leeches to the integuments; cold to the limb; poultices, with counter-openings, and varying positions of the limb to favor the evacuation of purulent formations; after which compression was steadily carried out. The general treatment consisted of low diet for two or three days, with calomel and opium; then nutritious, and afterwards stimulating diet, large doses of opium at night, and subsequently night and morning, frequently two grains for a dose, with mild aperients and tonics, chiefly quinine and iron, in various forms.

Sept. 15. Wound of ankle-joint cicatrised; tolerable passive motion; leg quite mobile at the fracture.

Oct. 12. Motion of ankle improved; leg becoming firmer.

Nov. 4. Extracted a small portion of the fibula, half an inch of its whole diameter, from an ulcerated opening.

15. Leg now pretty firm, so that she can move it with ease; a very small opening, with slight discharge, at the point of fracture, and very little shortening of the limb; general health good.

The foregoing cases of compound fracture of the skull, punctured wound of the knee-joint, and compound fracture of the leg, with wound of the ankle-joint, comprise some of the most grave instances of local injury, and yet all terminated favorably, in consequence mainly of the vital resistance offered during childhood to the influence of local injuries. The energies of the animal economy being devoted to the development of the system, most probably materially tend to avert the destructive influence of diseased action so commonly attendant on these injuries in later life.

LIFE ASSURANCE OFFICES.—FEES TO MEDICAL MEN.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—I have lately been applied to by the National Provident Institution, to furnish information relative to the health of a patient who was proposing to insure his life in their office. The application not being accompanied with a fee, I declined to give the information, and stated my reasons for so doing a

some length. If you think my letter of sufficient interest, I shall be obliged by your insertion of it in your valuable Journal. The letter was as follows:—

"Sir,—I regret that pressure of business has made it impossible for me to write earlier. Your letter of the 9th inst., contains a series of queries, which I am requested to answer, in relation to the state of health of a gentleman whom I professionally attended at various times. As you do not tender any fee for the information you require, I beg leave respectfully, but firmly, to decline answering the questions; and further, I beg to submit to the society which you represent, as I shall also do, through an appropriate channel, to the public, the reasons which induce me to take this course.

"I consider that the system adopted by some assurance societies, of obtaining the unrequited services of medical men, is unjust to the parties from whom the information is sought, and still more injurious to the parties who seek it.

"In the first place, it is a simple act of injustice to the professional man to make a demand upon his time, and to obtain from him an opinion, involving probably much attention, anxiety, and responsibility, without affording him any remuneration for it. If he be a man of integrity, he will, previously to forming this opinion, not only examine carefully, by auscultation and otherwise, into the present condition of his patient, but he will also attentively reconsider his constitutional peculiarities, and the probable inroads which previous disease has made upon his system. I have yet to learn that architects, surveyors, engineers, lawyers, or members of any other learned profession, give, or are called upon to give, gratuitous information in similar circumstances; and I do not see why medical men should be expected to do so.

"It has been argued, in defence of societies like yours, that they have paid medical referees, to whose scrutiny all candidates for insurance are subjected. I grant it; but time would fail me to recount instances in which a stranger, however skilful, might fail to detect lurking disease. Medical referees are evidently not sufficient—a truth which insurance societies practically admit, by invariably applying to the medical attendant of the party.

"Again, it has been said that the individual wishing to insure is the party from whom remuneration is due, service is rendered by the medical attendant to him. This position is not only unsound in theory, but most pernicious in practice.*

"First, as to the theory. I contend that in all cases the insurance company are the parties essentially benefited by the information. Acting upon it (of course I assume it to be correct), if they accept the insurance, they obtain a profitable customer; if they decline it, they escape an unprofitable one; and, therefore, in either case, they obtain a benefit. How stands the case with the candidate for insurance? If he is accepted, he is, I admit, *pro tanto*, benefited; but suppose he should be rejected, he is then not only not benefited, but he is actually injured, inasmuch as he is called upon to pay a fee for an opinion which does him a *disservice*. In short, the benefit to the

company is *certain*; to the candidate it is only *contingent*. Who, then, ought to pay for it? Evidently the company. It is idle to say that the candidate deserves to pay for an unfavorable opinion if he offers for assurance an unsound life. How few, alas! on the very brink of the grave, are willing to admit, even to themselves, that their lives are unsound!

"But it has been suggested that the proposer for life assurance cannot reasonably be expected to remunerate his professional adviser, if his opinion* should be unfavorable; and, therefore, that at least he sustains no injury. The examination of this startling proposition leads me to the most important, because the most practical, part of this subject. If the *candidate* does not sustain an injury, the *practitioner* does, for he must exercise the same skill and judgment, whether his decision prove favorable or otherwise; and in the latter case he has, in addition, the unpleasant duty of standing in the way of his patient's wishes. If he is injured, however, the society is tenfold more so, by the temptation which they thus offer to the medical man to conceal any unfavorable features in the case of his patient, by the premium, in short, which they put upon his dishonesty.

"It has long appeared manifest to me, that those societies which still decline to remunerate the medical attendant, are actuated by a latent feeling that he, through fear of disobliging his patient, will not withhold the information they desire respecting him. It does not appear to have occurred to them that the self-same fear may operate rather more powerfully than they may wish, and in a direction upon which they may not calculate; that it may lead, in fact, to a too favorable exhibition of the patient's state of health.† They evidently have not considered that, by fostering instead of discouraging this feeling—by neglecting, nay, refusing to retain in their service the medical attendant—they do what they can to make him an advocate against them rather than an impartial judge. They do not seem to have reflected that, by leaving the medical man to be fed by his patient, they do their utmost to render him an *exparte* arbitrator, rather than an umpire between the parties.

"I would not have you suppose, Sir, that I think many could be found in our ranks who would deliberately, and, to answer their own sordid purposes, make a false return to your society; but I regret that

* It has been said that the insurance company merely asks the medical attendant for a few facts which have come to his knowledge during his attendance on the patient. This is a mistake; they ask for an *opinion*, involving care, anxiety, and medical skill, as the following question in their printed form clearly shows:—"Do you consider his life *ELIGIBLE FOR ASSURANCE*, and that he is likely to live as long as the generality of persons of this age may be expected to do?"

† The society seems to have a misgiving that this effect may possibly be produced, and, to guard against it, their circular contains the following paragraph:—"As communications of this nature are considered to be strictly confidential, a perfect reliance may be felt that, should the tendency of your answers be such as to induce the directors not to accept the proposed assurance, the purport of them will never be suffered to transpire, &c." This certainly appears to me like substituting for the protection of the practitioner a flimsy veil of secrecy (which a straightforward man will repudiate), in the place of an open contract, involving payment for trouble on one side and *legal responsibility* on the other. Were such a contract made, no medical man would have occasion to shelter himself under the cloak of secrecy.

* In this instance the patient offered me any fee I thought proper to ask; but I declined, on principle, to take the fee from him at all, and explain to him my reason for so doing.

any should be exposed to the temptation to do so, and that a better example of equitable dealing should not be set before them. I trust that there is no lack of integrity amongst us; but human nature is frail, and your society would have itself chiefly to blame if a train of reasoning like the following were to arise in the mind of one of our members in the position in which you place him:—"I am requested by this company to furnish them with a correct representation of my patient's health. They offer me no return for my trouble—they do not treat me honorably. I am under no obligation to them; quite the contrary. If my opinion is unfavorable, I *certainly* lose my fee, I *may* lose my patient. However, I'll not tell them; but, as Mr. — has always been a good friend to me, and has paid me honestly for my services, I'll do the best I can for him, and get his insurance effected, if possible, though, to be sure, his life is a little precarious. At all events, I'll not pry too inquisitively into the state of his heart and lungs; I am not bound to do that, and the company have their own referee. Let him find out what is amiss, if he can; it is not for me to put him on the track."

"In conclusion, I have endeavored to show that your present mode of proceeding with regard to medical men is not founded either on principles of equity or of sound policy. If the remarks I have felt called upon to make shall have the slightest weight in inducing you to alter it, I shall have the satisfaction of having rendered a service to the medical profession, to assurance societies, and to the public at large. The profession will be benefited by its members being placed on a more honorable footing; assurance societies, by incurring less risk of admitting unsound lives; and the public, by the lower rates at which policies can be effected, if more security is obtained of the exclusion of unsound lives.

"I am, Sir,

"Your obedient servant,

"THOMAS WILSON.

"Poultry, Nottingham, Oct. 21, 1843."

I have not been favored with any answer to the above letter, which was despatched ten days ago; but I have since heard that the individual wishing to insure applied to another medical man, to whom he was, medically at least, a stranger. His certificate was filled up, and his insurance was effected. I am neither surprised nor disappointed at this occurrence. It is not the *fee*, but the *principle*, for which I contend. Though I was at some pains to explain to my patient the reasons why I could not take the fee from any but the insurance office, I do not wonder that he, being anxious to get his policy, should apply to another quarter; nor do I regret it; on the contrary, I am glad that he has succeeded in insuring his life, which I am by no means certain I could have aided him in doing; and the very circumstance that such a certificate has availed for his acceptance, confirms me more than ever in the soundness of the views which I have maintained. I could mention the particulars of one or two other recent cases of life insurance which have come to my knowledge, which would exemplify forcibly enough what I have said, but, for obvious reasons, I must for the present suppress them. I, for one, will neither insure my own life, nor recommend any friend to do so, in an office that does not

recognise the principle and adopt the practice of feeing the medical attendant; and if the profession in general were to do the same, they would soon find that they had the remedy in their own hands. I do not suppose that the old-established offices will be easily induced to change their system, but the competition for public favor and confidence will, I am persuaded, lead the younger offices to do it, and the others will follow in time.

I remain, Gentlemen,

Your obedient servant,

THOMAS WILSON.

Poultry, Nottingham, Oct. 31, 1843.

RETROSPECT OF THE MEDICAL SCIENCES.

CASE OF COMPLETE IMPERFORATION OF THE VAGINA,
RELIEVED BY A SURGICAL OPERATION. BY JAMES
KENNEDY, M.D., OF NEW YORK.

On the 6th of January last, Mr. — called upon me, requesting a professional visit to his wife, to whom he had been married a few days previously, but with whom he had been unable to consummate the matrimonial rites. On visiting the lady, I learned from her the following particulars:—She was thirty-one years of age, was born in Bath in the State of Maine, of healthy parents, and until the age of twelve years, enjoyed good health. At this period she began to suffer from headache, pain in the back, loins, and lower part of the abdomen; in a word, from the usual symptoms which attend the commencement of menstruation. These symptoms returned every four or five weeks, continuing perhaps a week, and then gradually subsiding, without being attended by any discharge from the vagina. This state of things held on for two years, various remedial means, such as general and local blood-letting, purgatives, the hip-bath, &c., having been employed; but, strange to say, the vagina itself was not examined, nor was it ever subsequently, up to the time that she came under my care.

At the age of fourteen, these symptoms were somewhat relieved by vicarious discharges of blood from the mouth, nose, and anus; and in this condition, at the age of fifteen, she was married. Her husband—a sailor—was drowned at sea about two months after marriage; but during the short period of their cohabitation, he had never been able to effect an entrance into the vagina. From the time of his death, up to the period of her marriage to her present husband, this state of things continued, but with aggravated symptoms. Frequently, so severe were her sufferings, as to endanger life; the pain in the head and back being beyond all control, and at the same time the abdomen and legs were very much swollen. The menstrual efforts, however, still recurred about every four weeks, being usually, though not always, followed by some vicarious discharge.

On examination, I found the external parts well formed and prominent, the mons veneris well covered with hair, and the labia and nymphæ fully developed; but there was not the slightest trace of an os exter-