

endeavour to ascertain what may be termed the medical history of the proposed life, by applying for this necessary information to the ordinary medical attendant.

Now what happens in the case where this information is not attainable? Our correspondent's letter will furnish an answer. One party, the office, is liable to be led into error; the other, the assuring party, may become guilty of fraud. In the instance referred to, such is evidently the case. The office has been induced to accept a bad life, the party insured has fraudulently deceived the office; and the probability is, either that the former will suffer ultimate loss, or, in the event of the detection of the fraud, the policy will be vitiated, and the assured, or his representatives, deprived of all benefit from it.

The remedy for such an abuse is, that the offices should either themselves, and for their own protection, give the fee, so justly his due, to the medical attendant, or see that it is forthcoming from the party proposing for assurance.

It has been alleged on the one hand, that the offices pay their own medical referee, and that such is all that can be required of them; and in the other, that every one has a right to expect from his ordinary medical attendant a compliance with the requirements of the offices on the point in question, as a matter of private friendship; but there are some serious fallacies here, which a little consideration will demonstrate. Assurance offices in the questions put to the medical attendant, require not merely information as to the past medical history of the person whose life is proposed, but an *opinion* both as to his present state of health, and often also of the general eligibility of the life. In so doing they make the medical attendant, to a certain extent, their own referee, requiring of him professional information which he cannot give without the expenditure of valuable time, and the incurring of responsibility and risk. The other party, in requesting an answer from him to the same questions, places his medical attendant in a similar position; and moreover, when the life is one which cannot be recommended, will often manifest his displeasure by withdrawing all future confidence.

The medical attendant, therefore, should either be relieved from all responsibility and risk, by being required to furnish an answer to the mere questions of fact, as to the diseases which he had been called upon to treat, in which case his reply is simply a matter of truthful testimony, involving no more expenditure of time than is necessary to write the answer, no responsibility, and incurring no risk of offending his patient; or if the office, and the party assuring at the instance of the office, require from him a professional examination and a professional opinion, involving, as we have said,

the expenditure of time, the incurring of responsibility, and the risk of offending his patient, they ought in common equity, one or other of the parties, or conjointly, to hand over to him the appropriate fee.

Medical Notes on China. By JOHN WILSON, M.D., F.R.S., F.S.S., Inspector of Naval Hospitals and Fleets. London. 1846. 8vo., pp. 267.

This work is strictly what its title implies,—a series of notes extracted from the author's diary, apparently without alteration, and contains a record of his experience of the diseases of the troops and seamen employed in China during the late war, together with notices of the atmospheric changes, the peculiarities of situation, and such brief observations on the general condition of the Chinese population as his opportunities as a medical officer, in charge of a hospital-ship, would allow.

At the close of the year 1841, as we are informed in the preface, in consequence of the continuance of hostilities, and the uncertainty as to their termination, together with the prevalence of severe and fatal disease, a floating hospital was fitted up by order of the Admiralty, and sent out to China. The *Minden*, a seventy-two gun ship, was selected for this purpose; and no expense spared in the necessary arrangements with regard to apparatus for ventilation, &c. The medical staff consisted of Dr. Wilson, to whom the chief management was entrusted; one surgeon, Mr. Alfred Tucker, who fell a victim at Hong Kong to the combined influence of the climate and the laborious nature of his official duties, and five assistant surgeons.

The ship, immediately on arriving in China, was stationed at Chusan; she was afterwards removed to Amoy, and from thence to Hong Kong. The diseases which chiefly came under notice were, periodic fever, dysenteric affections, and chronic ulcor, apparently traceable to the same miasmatic influences, to which the local peculiarities of the country which was the seat of military operations, the high temperature, and the mode of husbandry followed by the Chinese, give rise, and to which the filthy habits of the inhabitants in their dwellings, their domestic economy, and their persons, must greatly contribute.

The subjoined account of Amoy may be taken as an illustration, both of the sanitary condition of the population, and the general characteristics of Chinese habits:—

“The city of Amoy stands, as has been stated, in the most westerly point of the island, [of Amoy.] opposite to Kulungsu; and considering the smallness and sterility of the island, and the unproductive nature of the contiguous mainland, contains a prodigious mass of inhabitants. The population is computed variously by different persons possessing knowledge of the subject; one account, which is the highest, rating it

at 300,000. On asking a principal Mandereen, he gave it at 40,000; but the interpreter alleged that he included in his reckoning only male adults, which, when the large proportion of children and women is remembered, would bring it near the highest estimate."

"The original walled part of the city occupies the summit of a hill, some two hundred feet above the sea; but by far the greater portion of it, perhaps eleven-twelfths, is extra-mural, and extends along adjacent levels, or up on the lower acclivities of the hill. After what has been noted respecting Tinghae, [the chief town of Chusan,] it would be tedious and irksome to give a detailed account of the form, structure, and municipal economy of Amoy. In these respects, the description of the first may be applied almost literally to the last. Multiply Tinghae by ten, and you have a distinct general idea of Amoy. There are here the same narrow streets, from eight to twelve feet wide, as there; the same wretched pavements with holes instead of gutters, or where there are anything like open continuous drains, their contents are often stagnant, putrid, and foetid, as they are never cleansed by the hand of man, but left to the cleansing power of rain or other natural causes; and there is total want of provision for ventilating the dwellings. These attributes of a Chinese town are as inseparable from it as the stones and tiles of which it is composed. Hygiene has no place amongst their many diets [deities?] and of any thing pertaining to her worship they have neither knowledge nor practice. Here, however, the streets are not only much longer, but more irregularly disposed, being more bent and twisted, rendering them more obstructive to the circulation of air than at Tinghae; and there are some other differences between the two places which deserve notice. Here, especially in the narrowest streets, pent houses are placed in parallel lines, from each side, near the centre, so as to leave only a few inches between them for the descent of rain and passage of air. When the extent of this systematic opposition to atmospheric change is considered in connexion with the accumulated population; with the want of the commonest means of ventilating houses, such as opposite apertures in the walls of buildings, having three or four apartments running into each other laterally, and back from the streets; with their earthen floors, and the absence of cellars, sewers, or other channels of underground purification; with stagnant gutters, and pits of putrefaction in all directions; and with atmospheric heat, varying between 80° and 90° of Fahrenheit's scale for five months of the year; it is astonishing that the place is not swept by fearful epidemics, and ere long depopulated. Amoy has a species of street appendage, from which Tinghae, for the time at least, is free, namely, large open jars of urine, which occupy conspicuous places along the walls at short intervals. But Amoy is not surrounded by oozy weed-covered canals like Tinghae; nor is the town much intersected by them, because the form of the ground does not permit their continuous formation; and because there is comparatively little soil that can be turned to rice cultivation. Thus the inhabitants are saved, to a considerable extent, from one source of aerial contamination affecting those of Chusan, not willingly indeed, for, as has been observed, wherever land can be got to bear rice, it is eagerly employed for that purpose.

"From all that could be learned, during a short residence, through very unsatisfactory channels of information, the principal diseases affecting the natives are the same here as at Chusan, the proportion attributable to their peculiar habits and practices being also the same apparently. Cutaneous affections, including leprosy of the most loathsome kind, seen in the streets, and diseases of the eye, are common. They are said to suffer much from periodic fever, and dyspeptic complaints, of which their appearance gives strong proof. Occasionally, after uncertain, but generally considerable intervals, sometimes extending to fifteen years, violent epidemics break out. Whether they vary much at different eruptions, and what their exact nature at any time is, could not be well made out; but from the scanty knowledge gleaned, it is believed that they are generally some modification of remittent fever, with severe affection of the alimentary apparatus, having a cholera character, as might indeed be expected. The quality of recurring periodically, though after uncertain periods, they possess in common with the endemic epidemics of almost every other febrile region."

The author subsequently states that the hot season of 1843 proved very fatal at Amoy and Kulungsu, principally through the ravages of cholera, the mortality in the city for many weeks being appalling.

Hong Kong exhibited the same general features of disease as were observed at Chusan and Amoy; there were, however, some points of difference which are deserving of notice. The subjoined note is made by the author on this subject:—

"September 6th. The forms of diseased action hitherto observed at this anchorage are very limited in number, being, with few exceptions, reducible to two heads, namely, periodic fevers and fluxes. Thus, there is similarity between the endemic affections of the locality, and those chiefly encountered in the north last year; but there is also considerable difference. One point of difference consists in the almost entire absence of sloughing ulcer at Hong-Kong, which proved so frequent, serious, and sometimes intractable a source of inefficiency at Chusan."

"It was noted as a subject of some surprise in the north, considering the atmospheric heat and excess of artificial miasmatal soil, that remittent fever should have been so rare, the fever there so constantly assuming the intermittent form, and generally, however complicated with other morbid actions, exhibiting regular and well-defined types. Here, on the contrary, there have been, during the last three months, a large proportion of remittent fever, frequently it is true, as elsewhere, when not terminating fatally, issuing in ague; but the agues have not been so formal in type as at Chusan; and there is another well-defined point of difference between the morbid manifestations of the two places. Then, there is a striking feature of likeness between them, that, namely, of their being in both places associated with flux; for here, as there, the two forms of disease—fever and flux—are often so intimately linked together, that it is difficult to tell which is the primary, or ought to be considered the principal affection. Perhaps, fever in a majority of instances appeared first, but the exceptions have been so numerous, fever being so often preceded by flux, as to give it little claim to

be considered as a prevalent, or necessary priority. Whichever appeared first, it constantly happened that as one series of morbid actions declined the other rose. They were sometimes concomitant, but more generally appeared in rotation, whatever the order of precedence and of succession might be. This blending, or association of different diseased actions forms here, as it did at Chusan, a constant source of perplexity in devising fit methods of treatment, and interferes materially with their successful application; for what promises advantage in one is constantly injurious in the other."

As there are some curious particulars connected with Chinese medicine, for which we are unable to find room, the conclusion of the notice is reserved for another occasion.

BIRMINGHAM PATHOLOGICAL SOCIETY.

March 7th, 1846.

JOHN ELKINGTON, Esq., in the Chair.
EXFOLIATION OF BONE.

Mr. James Russell, jun., exhibited a portion of exfoliated bone from one of the phalanges of the finger. The following is the history of the case:—

Thomas Rigby, aged 28, November 22nd, 1845. He is a coachsmith, of pale complexion; he came to our surgery the first of November with severe abscess of the second finger of the right hand. On Tuesday, September 15th, he was dragging a large piece of iron by means of a pair of tongs, the opening of which was rather too wide for his grasp, the second finger of the right hand, on which chief stress was laid, was strained; he felt little of it during the day, but on the following morning felt pricking in the part of the middle joint. He continued his work through the week, and though the finger did not swell, nor become very painful, it yet seems to have been a source of discomfort, as he tried fomentations to relieve himself. On the evening of Saturday it became swollen, and so much more painful, that he was compelled to leave work. On the following Friday, an abscess burst at the front of the second joint; suppuration extended, and other openings were made, and formed spontaneously.

When I saw the finger it was much swollen, very red, and there were five or six orifices in different parts of it, out of many of which pus could be squeezed. I made an additional opening to give exit to a quantity of pus which was not freely evacuated by any of the existing openings. From careful examination I suspected that the joints were healthy, as they could be flexed, and I could not produce crepitus. I could not feel any exposed bone. The finger was first poulticed, then lightly dressed, and placed on a splint, and it gradually improved. On November 17th, however, a piece of bone about half an inch long was drawn out of one of the orifices; it appeared to be a part of the shell of the proximal end of the middle phalanx; a small piece of sloughy tendon was attached to its expanded extremity. A similar piece was extracted on November 21st. The finger is now doing well, healing, and the joint moveable.

November 27th. The finger is nearly well; it is stiff, but he has considerable use in the middle joint, but cannot flex the extreme joint by its muscles, although it admits of some motion.

ILIAC ABSCESS, COMMUNICATING WITH THE RECTUM AND THE BLADDER.

Mr. Russell then presented a portion of rectum, in which was a perforation, and the bladder, also perforated, both communicating with a large abscess, a portion of the parietes of which was also presented, and gave the following particulars of the case:—

H., aged 50, a gardener, a remarkably fine well-made man; during last Autumn he has complained of pains which he thought rheumatism, in the back and in the left hip and thigh. About Christmas the pain became so severe as to compel him to leave work; he then became feverish and ill, and began to feel some pain in passing water; micturition becoming more frequent; the bowels had always been regular. Before the end of December he was confined to his bed. About a fortnight afterwards, he noticed a large tumour in the lower part of the abdomen, on the left side. I did not see him till January 25th, after he had been ill a month; I found him in a state of high irritative fever; his tongue was exceedingly loaded, and he made no particular complaint. In the lower part of the abdomen there was a very large prominent tumour, occupying the whole left iliac region, extending a little across the median line, and obliquely upwards, nearly to the lower edge of the left ribs. It was firm and tender, but the abdomen in other parts was flaccid, and free from tenderness. In two days after this period, we noticed a great change in his urine, produced, as I found, by the presence of a considerable quantity of pus, mixed with pale lithates; three days afterwards he evacuated with his motion a large quantity of very foetid pus. The tumour continued to become more prominent, the integuments covering it much thinner and inflamed, and the entire space occupied by the tumour was perfectly hollow when percussed, indicating that the tumour was filled with air; this was not the case at first.

He continued in much the same state, suffering from a state of complete hectic, complaining of much pain down his left thigh, and in his left hip, and in the region of the tumour. There was no tenderness of the abdomen; his soft palate and tonsils became covered with an aphthous crust; the discharge of pus in his urine and stools continued. He subsequently became much annoyed by constant hiccough. I examined the upper part of his thigh without being able to detect any appearance of disease. On the 14th of February the tumour burst externally, and discharged a large quantity of very foetid pus. On the 18th the urine began to flow through the orifice of the abscess, and on the 20th faeces also appeared in the discharge from the same source. He died February 21st. The treatment throughout was tonics, wine, large doses of quinine, &c.

Sectio Cadaveris, eighteen hours after death.—There was an inch thickness of fat beneath the integuments of the abdomen; the folds of the peritoneum, mesentery, omentum, &c., were much loaded with fat; the left kidney was surrounded by a great quantity of fat. The abdomen alone was examined; the surface of the viscera was perfectly healthy; not a trace of any abnormal matter in the cavity. All the viscera healthy, with the following exceptions: singular absence of blood; there was scarcely sufficient to stain the hands; the vena cava contained a very small