might be rendered more effectual in providing "the more efficient performance of all medico-legal autopsies and a field for the practical study of forensic medicine in our medical schools." Referring to the latter, I observed, "In a word, every department of medicine should be taught and learned 'practically.' Why should forensic medicine be any exception to the rule? Within a distance of very little over a mile from the Royal Infirmary is a place which affords a field for the practical study of forensic medicine little inferior to the Morgue of Paris, where world-renowned medical jurists, Orfila, Devergie, and others, acquire their reputation. I refer to the dead-house, Prince's Dock, where cases of death from drowning, burning, suffocation, exposure to cold, and infanticide, may be seen in almost every variety. Now, without encroaching upon other gentlemen's province, the students of the Royal Infirmary School of Medicine (now the Medical Faculty, Liverpool University College) might have many opportunities afforded which they do not now possess. During the summer session the lecturer on forensic medicine might, I am sure, easily obtain permission of the authorities to visit this place and show the external appearances of death from the various causes I have indicated as to be met with there." The suggestion was favourably received by those present at the meeting, which included Dr. Ewing Whittle, then, and until very recently, lecturer on medical jurisprudence. But changes are not easily made, and so far nothing has been done. Mr. F. T. Paul, a most experienced pathologist, has just been elected to the vacancy, and I trust that he will be afforded every reasonable opportunity of both practising and teaching forensic medicine.

With regard to toxicology, it seems to me to be very important that students should be taught the detection of poisons in urine, vomited matters, &c., although the more elaborate examination of these, as of viscera, must be left to the analytical chemist. But the medical practitioner is the first on the spot, and it is his accurate observation of facts and symptoms which leads to detection. In the Edinburgh opium poisoning case, which occurred some years ago, it was reported that some spots on the nightdress of the deceased were detected by the chief medical witness as caused by laudanum having been spilled. This single fact proved a most important piece of evidence, as the case presented all the usual difficulties of opium poisoning. In the Lamson case the careful preservation and analysis of the matters first vomited were the most important links in the chain of evidence against the prisoner. Much, if not all, the mystery of the Bravo case would have been dispelled by a careful analysis of the urine, fæces, and vomited matters while the unfortunate deceased was still living. More important than analysis is the careful observation of symptoms, and comparing them with those of poisoning. In the recent cases of murder by arsenic in this city it was shown by the confession of one of the prisoners that eleven deaths were due to arsenic administered by one or both of the accused persons. All these persons had been attended by medical practitioners, and the deaths had been duly certified. How many more victims might have fallen had not the death of Thomas Higgins excited Dr. Whitford's suspicion, it would be hazardous to guess; but the case shows the importance of careful observation. It was the sudden nature of the death which excited Dr. Whitford's suspicion, though in the miserable surroundings of the case he failed to see any motive for foul play until he heard that the life of the deceased, a poor bricklayer's labourer, was insured to the extent of £100.

I could have added more were this letter not already too long. I conclude with the hope that the defects you have indicated will be remedied, and that forensic medicine will become, as so interesting a subject deserves to, a thoroughly practical and attractive branch of medical study.

I am, Sir, yours faithfully,

Liverpool, March 25th, 1885.

FRED. W. LOWNDES.

PHYSIOLOGY IN OXFORD.

To the Editor of THE LANCET.

SIR,—You have thought fit to accuse those who recently opposed the grant to the Physiological Laboratory at Oxford of misrepresentation, recklessness, injustice, and an unwarrantable use of personal allusion. As all the circulars and notices issued by the opponents of the grant passed through my hands, I ask you to allow me to repudiate your accusa-

tion as emphatically as possible, and in enclosing you the documents in question I challenge you to point out one single sentence containing a misrepresentation, a reckless or unjust statement, or any personal allusion which an official position does not warrant. Two concessions only were asked of Professor Sanderson—viz., that he would not hold a certificate to dispense with anæsthetics, nor one to free him from the necessity of killing the animal.

Now, if the promoters of the grant had said openly, "Away with such restrictions and concessions; they are an insult!" the opponents of the grant, however much they might have regretted such a declaration, would have respected it as the bold challenge of a candid antagonist. But in the circular issued in advocacy of the grant, and in the debate in Convocation, the arguments used were, "There are to be no painful experiments on living animals, either with or without anæsthetics. The grant is only for coal, gas, and water." You, Sir, know well that there may and will be painful experiments on living animals without anæsthetics within that laboratory *for purposes of research*, and to say, as was said, "There will be none for purposes of demonstration and instruction," and at the same time to suppress all allusion to experiments for research, is an act of "aggressive concealment" unworthy of those who believe they have a good case.

I am, Sir, your obedient servant,

FREDERIC E. WEATHERLY, M.A.

Brasenose College, March 28th, 1885.

* * Mr. Weatherly cannot be ignorant of the fact that the cause he advocated received some of its most powerful support from others than those immediately concerned in the voting at Oxford. Our remarks did not apply to the phraseology of the circulars with which he has favoured us.—ED. L.

INSANITY AFTER OVARIOTOMY.

To the Editor of THE LANCET.

SIR,—It would seem desirable that every case in which ovariectomy has been followed by insanity should be recorded.

Some years ago, in Sydney, I removed a large ovarian cystoma from a widow aged about forty. I have not brought the notes of the case with me, and cannot therefore give her exact age. Three days after the operation she became insane, and, unlike most of the cases related by the speakers upon this subject at the last meeting of the Clinical Society, the disease became chronic, and it was found necessary to confine the patient in the asylum at Gladesville. The disturbance of the mental balance in this case, I thought, was due to the sudden and violent change from extreme mental depression to excessive joy. The patient had quite made up her mind that she should die under the operation, and had given directions as to the conduct of her funeral. Her extreme astonishment when she recovered from the effects of the anæsthetic at finding that she was not only living, but rid of her burden, I shall not soon forget. I should state that there was no family history of insanity.

I am, Sir, yours obediently,

Sydenham-hill, March 30th, 1885.

P. SYDNEY JONES.

HICKS v. BEDFORD AND OTHERS.

To the Editor of THE LANCET.

SIR,—Dr. Rogers, in his interesting letter published by you on March 21st relating to this case, draws attention to a very important passage in Mr. Justice Wills' charge to the jury. The quotation given is that "there is no statutory power whereby anyone, lunatic or otherwise, can be detained in a workhouse against his will." As Dr. Rogers points out, this ruling must cause a very great surprise to those concerned in workhouse administration, as it declares illegal a practice which has gone unchallenged for upwards of forty years at least. But this particular paragraph, at any rate, is not in accordance with the Poor-law Amendment Act of 1867, 30 & 31 Vict., sec. 22 of which states: "When there shall be in any workhouse a poor person suffering from mental disease, or from bodily diseases of an infectious or contagious character, and the medical officer of such workhouse shall, upon examination, report in writing that such person is not in a proper state to leave the workhouse with-