

If by your aid, Sir, some such arrangement be adopted in lieu of some of the existing ones, medical students for the future would be ever thankful.

I am, Sir, your obedient servant,
London Hospital. W. E. F.

* * Our correspondent's complaint is well founded, and his suggestions are worthy of consideration.—ED. L.

THE CORONERS BILL AND WORKHOUSE MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—I have been informed that an amendment has been, or is about to be, placed on the notice paper of the House, "That workhouse medical officers shall in future receive no fee for any post-mortem, nor for any evidence given in a coroner's inquisition, where the death of the person has taken place in a workhouse." How far this proceeding has originated as a consequence of the frequency with which inquests have been held in a particular metropolitan workhouse it is not my intention here to determine; what I desire to do is, to draw the attention of the Poor-law service to the injustice which will be perpetrated on hundreds of unoffending union surgeons, who, if the amendment passes, will be mulcted of all consideration for their loss of time &c. in attending inquests. In country districts, where the Union house is oftentimes a distance from the surgeon's residence, it will be most sorely felt.

I would therefore urge upon the members of the Poor-law service the necessity of at once communicating with such M.P.s as they may know, and pointing out to them the hardship of this proceeding.

What a commotion there would be if such a blow to the interests of lawyers were attempted: there would be a stir through all ranks, from the Lord Chancellor down to the boy who carries the brief-bag.

I am, Sir, yours obediently,
Dean-street, Soho, March 22nd, 1871. JOSEPH ROGERS.

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

THE NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY.

THIS Society held its last meeting for the session on the 2nd ult., under the presidency of Dr. Burnup. The attendance was very good and the business ample and interesting. Mr. Luke Armstrong exhibited a foreign body—portion of a gutta-percha bougie—removed from the bladder, a leg amputated for malignant disease, and an interesting example of skin-grafting in a patient the subject of chronic ulcer. Dr. B. Bramwell showed a large fatty tumour removed post mortem. Mr. A. Bell a hypertrophic elongation of cervix uteri, removed by amputation. The following papers were read: Dr. Charlton, "The Modern Doctrine and Treatment of Phthisis"; Dr. Hayes Jackson, "On the Treatment of Small-pox"; Mr. A. Bell, "Remarks on a case of Ulceration surrounding the Meatus Urinarius of ten years' duration, cured by operation"; Mr. J. Manson, "A case of Compound Dislocation of the Knee-joint." From the discussions on the prevalent diseases of the district at this and the previous meeting, as well as from other sources, I send you some particulars of the present epidemic of

SMALL-POX IN NORTHUMBERLAND AND DURHAM.

From the remarks of Dr. Williamson, and Mr. Leonard Armstrong, practitioners at South Shields, the disease scarcely shows signs of abating. A large number of persons advanced in years had been attacked very severely, which these gentlemen thought was a point of distinction between the present and former epidemics. Vaccination and revaccination was being extensively carried out, although sometimes under very unfair conditions for a full trial of its preventive power. Yet their confidence was unshaken as to its power to prevent and modify small-pox. Mr. G. A. Hutton (Rifle Brigade) stated that in his regi-

ment, which was upwards of 900 strong, he had never seen a single case; and during the whole period of his service, which extended over more than seventeen years, and during which time he had been quartered in most of the principal towns and camps of the United Kingdom, he had not seen more than six cases. This he attributed entirely to the stringent rule in the army that all recruits should be revaccinated, and he thought it one of the strongest proofs of its protective influence. Dr. Burnup did not believe revaccination was necessary if vaccination had been successfully performed in infancy. In Newcastle the disease is manifestly spreading, but some of the worst cases have occurred at the manufacturing village of Scotswood, about two miles from town. At Gateshead the disease diminished in frequency until the 12th ult., since which date about twenty-two fresh cases have been reported. At Castle Eden and many of the colliery districts of Durham, the disease has appeared with more or less severity. Dr. Mordey Douglas thought that the Sunderland cases, some of which were from the crews of the ships sunk in the Seine, had not been contracted in France, but in the East of London, where they stayed some days as they returned. As to the propriety of using lymph from revaccinated cases, the feeling of the meeting was strongly opposed to the practice.

Newcastle-on-Tyne, March 21st, 1871.

IRELAND.

(FROM OUR SPECIAL CORRESPONDENT.)

DEATH REGISTRATION.

At a meeting of the Medical Society of the College of Physicians on the 15th inst., a very interesting paper on the above subject was communicated by Sir Dominic Corrigan, M.P. He considered that the cases were very few indeed where a conscientious practitioner could put his name to death certificates. He thought that some new certificate should be brought in by the Government, and promised to do all in his power to modify the present state of things, when an opportunity arose in the House of Commons. He showed that it had failed in England, where it was not compulsory; in Scotland, where a penalty of forty shillings was the result of non-compliance; and in Ireland, where an infraction of the Act of Parliament constituted a misdemeanour, although the law could not be enforced, as no one could in justice be punished for refusing to certify to a falsehood. There is no doubt that some modification of death certificates is urgently required, as at present great irregularities are constantly taking place, and statistics of death registration are notoriously unsatisfactory, and not to be depended on for any scientific deductions.

OVARIOTOMY.

At a meeting of the Pathological Society of Dublin, on the 18th inst., an ovarian tumour was exhibited by Mr. Quinlan, of Vincent's Hospital, which he had removed a few days previously. The details of the case are as follows:—The patient, a woman about thirty, had been tapped three times at different periods; but as the patient's health was rapidly breaking down, and but a very short time had elapsed after the last tapping before the cyst filled again, it was resolved to operate, with the consent of the patient, although extensive adhesions had been diagnosed during life, and very little chance of a successful result was promised. An incision was made from the umbilicus to the pubes, and a Wells's trocar introduced, by which 41 pints of fluid were obtained from a unilocular cyst. Adhesions were found close to the umbilicus and to the intestines; the tumour was also attached to the great omentum. One artery required tying in the latter, the bleeding being very profuse. The pedicle was secured by a clamp, and harelip pins were used to draw the parts together. Pressure on the abdomen caused no pain. She died from acute peritonitis fifty-four hours after the operation had been performed. It may be mentioned that she measured before being operated on 57 inches round the abdomen, and that the fluid removed was, as usual, highly albuminous, and of a specific gravity of 1023; there was, however, no albumen in the urine.