but not the system. You have all seen, and the seniors among you have practised under our direction, the subcutaneous injection of the active principle of opium, by means of which the acute local pain is relieved without stupefying the patient. You have all seen dangerous bleeding of the lungs or of the nose checked by the similar use of ergotin. The lowered pulse showed the active effect of the drug, but there was no dangerous symptom produced by this active poison. Similarly you have seen strychnine employed in cases of local paralysis, stimulating the affected part without distressing the system. I need not impress upon any of you the necessity of general chemistry and of chemistry applied to medicine. On the portals of both physiology and of medicine is inscribed, 'Let no one ignorant of chemistry enter here.' In fact, to study either one or the other without an efficient knowledge of organic chemistry is now impossible. I would merely direct your attention to the extreme elegance and facility of volumetric analysis for the quantitative determination of sugar and of albumen in the secretions. Another quick and admirable method of accomplishing this depends upon their influence upon the polarised ray of light. Diabetic sugar can be rapidly and accurately read off by the very ingenious saccharometer invented by Mr. Jellet, or by that of M. Soleil. I wish I could say the same for albumen. Its indefinite and changing character renders it more difficult to deal with in this manner. I am, however, engaged in the problem, and do not despair of success. For the purpose of following up effectually the study and the teaching of the application of chemistry and the physical sciences to medicine, it became evident that a special laboratory was required; and I am happy to say that last session we succeeded in carrying out this most useful improvement, by means of which we were enabled to give complete practical courses upon all the instruments and appliances to which I have alluded."

After some practical advice to the students, he continued: "The more that you devote yourselves to these practical studies the better. All the examinations—both those necessary for obtaining your diplomas as well as the higher and more important competitive trials for entrance into the public services—have this turn. In fact, the former are now the reflection of the latter. When I passed my professional examination the business consisted simply of verbal questions and answers in neatly-furnished halls; but any candidate could have been prepared for such examinations without even entering a hospital, laboratory, or dissecting-room. It was simply a matter of memory, and, in fact, the merely crammed candidate could probably have made a better figure than the practical man. All is changed now. At the great competitive examinations, and even at the diploma examinations, you will be required to make dissections and perform operations on the subject, to diagnose and treat cases in hospital, to identify and use every kind of medical and surgical apparatus, to identify and describe specimens of the *materia medica*, to perform chemical operations and analyses, and to examine and identify a variety of physiological and pathological specimens microscopically or otherwise; to use medico-scientific apparatus, and to write medical reports. If you can practically and thoroughly do all this, you are really fit to be entrusted with the lives of your fellow-creatures. But let me tell you that to learn to do all this in four years you must commence from the first day, and think of nothing but the great field of duty and responsibility which lies before you."

Dr. Quinlan concluded by expressing his hope that five years hence he might be able to hold up the new students who were commencing that day as an example of progress and industry to those who would then be beginning their profession.

PRESENTATION.—In recognition of the services rendered by Dr. Bond to the Hartley Institution, Southampton, it was resolved on the occasion of his leaving the town to enter on the duties of medical officer of health for Gloucestershire to present him with a testimonial. The presentation was made in the council room of the Hartley Institution by the Mayor, the testimonial taking the form of a valuable binocular microscope, accompanied by an illuminated address enclosed in an Oxford frame. Attached are the signatures of fifty-two subscribers.

Correspondence.

"Audi alteram partem."

POST-MORTEM EXAMINATIONS AND CORONERS' INQUESTS.

To the Editor of THE LANCET.

SIR,—My attention has been directed to a paragraph taken from THE LANCET, relating to an inquest held by me on a woman named Maria Hill. As that paragraph was evidently written under a misapprehension of the facts, you will, I know, allow me to explain the matter.

On the 15th September, a woman named Sarah Row was taken ill in a street in Plymouth. She got into an inn, where she became insensible, and was then seen by a surgeon, who pronounced her as, in his opinion, suffering from apoplexy. She was taken to the workhouse, and died there. The medical officer, with the coroner's officer, saw me, and I at once directed a post-mortem examination, which was made. I held an inquest the next day, the 16th, when medical and other evidence was given, and a verdict returned.

On the 17th the Board of Guardians met, and reflected strongly on their medical officers. I enclose a report of their remarks. As I considered that the board of guardians had no business to interfere, I determined that I would, on the very next opportunity, adopt a course which should obtain from a jury a definite expression of the right of the coroner to hold an inquest and order a post-mortem examination without being interfered with by the guardians.

On the 5th of October, the medical officer of the workhouse was requested to call on me in reference to the death of Maria Hill. He, with the master of the workhouse, detailed the facts, and stated that he could only form an opinion. I then told him that as he was an officer of the board, and subject to their caprices, I desired that he would not hold a post-mortem, but merely attend the inquest, when I would explain the matter to the jury, and take their opinion on the facts.

On Oct. 6th I held the first inquest at the workhouse, explained to the jury, a more than ordinarily intelligent one, the reason for the action I had taken; expressing my opinion that post-mortem examinations should be made in all cases of sudden death, and also animadverting somewhat strongly on the (as I considered) unwarrantable interference of certain members of the board of guardians.

The jury, with one exception, not only endorsed all my remarks, but thanked me for acting as I had done, and passed a resolution that the question of post-mortem examinations should be left entirely in the hands of the coroner, after consulting with the medical man. The one exception to which I refer was a juror ("the sensible jurymen" mentioned in your article) who objected to the waste of time, and wanted then and there to return a verdict on the medical officer's opinion, without "the expense" of a post-mortem examination, or "the waste of time caused by assembling again." He was overruled. The adjourned inquest was held, the post-mortem disclosed a totally different cause of death from that suspected, and the jury returned their verdict. Then "the sensible jurymen" complained of the waste of time, and said the post-mortem should have been made before the first inquest.

The foreman of the jury, a tradesman of good standing in the town, whose time was probably many times as valuable as that of "the sensible jurymen," again thanked me for himself and brother jurymen, and has since expressed to me and the coroner his gratification at the course adopted by me. You will thus see that, in this instance at least, I am not to blame for adopting a course calculated to strengthen the hands of the medical officer and the coroner.

I am most strongly of opinion that a post-mortem examination should be made in every instance in which there can be a doubt as to the cause of death. Having been myself intended for the medical profession, I have attended and assisted in making many such examinations, and am, therefore, perhaps better able to understand their value and

necessity than others of my profession who take merely a legal view of the matter.

Apologising for trespassing on your valuable space,

I am, Sir, yours truly,

ELLIOT SQUARE,

Deputy Coroner for the Borough of Plymouth.

Plymouth, Nov. 7th, 1873.

* * We congratulate the Deputy Coroner on having intelligent jurymen to support him. Mr. Square's letter is very satisfactory as showing that he has a higher idea of a coroner's inquiry than is implied in passing a formal verdict without having any facts on which to base it, and that he fully appreciates the indispensableness of medical evidence. We still are of opinion that on his own authority alone, and in a spirit of independence towards the guardians, he should have ordered a post-mortem examination in the first instance in the case of Maria Hill, though we appreciate the kindness of his motive in taking the course which he did take. We entirely agree with the jury that the question of post-mortems should be left entirely to the coroner. Guardians are good men, but it is unkind to refer any question involving outlay to them, and they respect independence in other authorities.—ED. L.

PROFESSIONAL REMUNERATION.

To the Editor of THE LANCET.

SIR,—There is an aspect of this question which I desire to place before your readers. I fully recognise the utility of consultees, and I can bear witness to their ability in this neighbourhood. I still further recognise the right which every patient has, not only to ask for a second opinion, but even to obtain that opinion without my knowledge or consent. But I do protest against the system which exists here, and, for aught I know, in many other provincial towns, of so lowering the charges for consultation practice that the patient can in many instances obtain the regular attendance of the consultee at a charge little if anything more than he would incur by employing his own medical attendant. The fee for a consultation here, either at the consultee's house or at the patient's, with the general practitioner is one guinea, it being understood that this is to include a second visit. Now this simply degrades the fee to half-a-guinea—not by any means a respectable honorarium for a physician of standing. But worse than this remains to be told. It is well known that leading physicians will attend a patient at his own house, take his guinea, and call a second, third, fourth, nay, even a fifth time for the same fee. The public are asked to believe, and they do believe, that Dr. A, the consulting physician, is a very superior sort of person to poor Mr. B the general practitioner; and at the same time the public finds out that the superior person can be got at the same price as the inferior, therefore the public employs the superior person. The result of this is that the position of a consultee in this neighbourhood is not unfrequently degraded to that of a second-rate general practitioner, whilst the general practitioners are often deprived of their patients, and, as a consequence, mulcted of their earnings. The remedy for this is, of course, for the consulting physicians to take a guinea fee for each consultation. They will decrease, no doubt, the number of their patients, but they will not in the end lose by the change. At any rate they will regain that which they are fast altogether losing here—the confidence and respect of the profession.

I am, Sir, yours faithfully,

Devonport, Nov. 1873.

W. P. SWAIN, F.R.C.S.

“DISEASES OF THE DEAF AND DUMB.”

To the Editor of THE LANCET.

SIR,—My attention having been directed to a medical annotation on diseases of the deaf and dumb, in your issue of Saturday, September 8th, I would wish, in consequence, to make two remarks.

1st.—That since your annotator visited the asylum the committee have increased the quantity of milk given to the

children, by one-half of what they had been in the habit of receiving, so that each child now gets daily three-quarters of a pint of pure milk.

2nd.—That it is quite a mistake to suppose that it is my opinion that lip-teaching is not applicable to the children of the class whose benefit is contemplated in this institution. At the same time it is quite another question as to how far they may derive advantages from it when mixing with associates in the class from whence they come, in comparison with those, similarly afflicted, who have the good fortune to derive their origin from, and, subsequently to their education being completed, only to be associated with, the more cultivated classes.

I am, Sir, yours obediently,

JAMES H. WATSON.

Asylum for the Deaf and Dumb, Old Kent-road, S.E.,
Nov. 12th, 1873.

A STRANGE STORY.

To the Editor of THE LANCET.

SIR,—Before the subject and witnesses of it pass away, allow me to record, in a few words, a strange story.

Eli H—, aged about seventy-five years, is now living in a village near this town. Before he was born, his father made a vow that if his wife, then pregnant, should bring him a girl, she having had three in succession, *he would never speak to the child as long as he lived.* The child turned out to be a boy. And now what is most strange and remarkable occurred. *This boy would never speak to his father.* Moreover, during his father's lifetime, he would never speak to anyone but his mother and three sisters. As soon as his father died, he being then thirty-five years old, his tongue was unloosed to everyone, and he has remained an ordinary loquacious individual ever since.

The verification of this strange story is easy enough. Every one in the village was acquainted with “dumb Eli,” and numerous living witnesses remember his dumbness passing away.

Of course this man's condition was popularly regarded as a judgment. It was at least a most curious instance of mysterious influence which may be interesting to many of your readers.

I am, Sir, your obedient servant,

Glastonbury, Nov. 6th, 1873.

F. MAYHEW.

BIRMINGHAM.

(From our own Correspondent.)

THE long vexed question as to the salary of the gaol surgeon has at last been settled, by the Town Council yielding to the recommendation of the justices, that the amount should remain as it formerly was in Dr. Hill's time—viz., £200 per annum. Even with that salary, it is thought that the number of local candidates will be very small, as the onerous nature of the duties to be performed is too well known, and the amount of work is constantly on the increase.

The “amalgamated charities” of the town, which this year consist of the Dispensary, Children's Hospital, Homeopathic Hospital, Eye Hospital, Orthopædic Hospital, Ear and Throat Infirmary, Dental Hospital, Sanatorium, Lying-in Charity, Women's Hospital, Institution for the Blind, and Institution for the Deaf and Dumb, will have £5200 divided between them as the result of the collections on “Hospital Sunday.” These charities have never received so large an amount since the movement was instituted, and this in spite of the fact that both Dudley and West Bromwich, from which towns collections were formerly received, have now a Hospital Sunday for their own hospitals.

The report of the Medical Officer of Health for the past quarter shows a death-rate of 25·15 per 1000. The total number of deaths amounted to 2235, and of these the greatest proportion is from diarrhoea and scarlatina. 534 deaths arose from the former, of whom 368 were under one year of age; and 159 from the latter disease, nearly all of them being infants. The deaths from small-pox were 18, as compared with 29 in the first and 37 in the second