using them on the part of the surgeon?—the instrument is the means of applying the knowledge in the one case, and medicine is the means of applying the knowledge in the other case. There has been, during some few years past, more nonsense than sense talked out upon this subject, and pride has had to bear the pinch.

Yours truly,

A PHYSICIAN RETIRING FROM MEDICINE,
BUT NOT ON IT.

October, 1872.

THE CORONER'S COURT.

To the Editor of THE LANCET.

SIR,—Many issues of the greatest importance to the profession and the public are involved in any forthcoming legislation respecting the Coroner's Court. It is much to be desired, therefore, that the subject should be carefully considered in connexion with the Bill for the better registration of births and deaths which passed the House of Lords last session, but has yet to go through the House of Commons. The present time is a good one, as the public attention is now being drawn again strongly and painfully to the subject of secret poisoning, and the question is brought forcibly home to us, Can nothing be done to prevent the possibility of so many suspicious deaths escaping inquiry? As you have shown, the Coroner's Court, strictly confined to its legitimate functions—viz., to ascertain the cause of death,—is of the utmost value, always provided that the inquiry be so conducted as to fully reveal that cause beyond any question of doubt; and, this done, that all questions of legal responsibility be left for another and more suitable tribunal to settle.

I would suggest that all the lecturers on Forensic Medicine and Toxicology in all the metropolitan and provincial schools of medicine should meet and discuss the matter, sending copies of resolutions and suggestions to the Lord Chancellor, the Home Secretary, the President of the Local Government Board, and others concerned.

The following are the points which, as it seems to me, deserve attention:—

1. Greater uniformity throughout the kingdoms in the mode of registering deaths. Under no circumstances whatever should any death be registered without a medical certificate or coroner's information.

2. Some definite rule should be laid down to regulate the giving of medical certificates, and should there be any doubt as to the cause of death the case should be referred to the coroner by the medical attendant himself, and not through the police.

3. The medical practitioner last in attendance during life, or who has been called in after death, should be required to attend, as now, to give evidence as to symptoms during life or appearances after death. But the post-mortem examination should be conducted by a skilled pathologist, who should draw up a written report of all appearances, external and internal, such as is now done in Scotland, Prussia, France, and other countries. These reports would be more precise, more orderly, and much more satisfactory, even for the purpose of the inquest than the present loose system, while these accumulated records of pathological anatomy would prove hereafter of the greatest value and interest. The present reckless waste of scientific material in the Coroner's Court is simply deplorable.

4. The chemical analysis of the stomach should not be regarded, as it too often is now, as a bugbear to be avoided at any risk, but as part of the inquiry, and should be performed much more frequently than at present. A very moderate annual salary would enable the coroner to have the services of a skilled analyst, to be referred to in all doubtful cases; indeed, it might very reasonably be made one of the duties of public analysts.

5. A return should be demanded of all items of expenditure in connexion with the Coroner's Court throughout England, Ireland, and of the Procurators-Fiscal of Scotland, showing the salaries of the coroners, the amount of medical witnesses' fees, and the other expenses, such as ordinary witnesses, hire of rooms, mileage, &c. This inquiry should also elucidate the various modes of procedure (a) as to informing the coroner; (b) as to summoning jury

and witnesses; (c) as to the exercise of discretionary power.

Much more might be said, but I must not trespass further on your space. I do hope, however, that this most important subject will be considered now without delay, and that certain wise reforms will be adopted so as to make the Coroner's Court a really useful and scientific institution, justifying its continuation, though (as I am sure could be done) at a much less cost and with increased efficiency. And I trust that the study of medical jurisprudence will be properly cultivated by professors and students, and not be regarded as a mere stepping-stone to another and a better chair by the former; or as a useless or weary part of the curriculum by the latter.

I am, Sir, yours, &c.,

October 14th, 1872.

MODERN PROGRESS.

POOR-LAW MEDICAL OFFICERS IN IRELAND.

To the Editor of THE LANCET.

SIR,—It is proposed to hold a meeting of the county representatives of the Irish Poor-Law Medical Officers' Association some time before the commencement of the next session of Parliament, in order to submit a detailed report of the grievances of the service to the President, Sir Dominic Corrigan, and such other Members of Parliament as may be present, and to consider what may be the best means to adopt for their redress.

The question of permissive superannuation under the 32nd & 33rd Vict., cap. 50, will form a subject for discussion, and it would be very important for us to know in how many instances it has been refused. On referring to the last Report of the Poor-Law Commissioners, I find that but thirty-two medical officers have been superannuated since the passing of the Act in August, 1869. Of these twelve, or more than a third, got less than two-thirds of their salaries—the amount provided for by the Act. I am aware that there are many instances in which the superannuation has been refused. I should feel much obliged if the readers of your journal would let me know the name of any gentleman to whom, and if possible the circumstances under which, superannuation has been refused, in order that the report may be complete on this point, which is a very important one.

I am not aware that the provision of the "Union Officers' (Ireland) Superannuation Act," 35th and 36th Vict., cap. 89, has yet been availed of by any dispensary medical officer, as it has only existed since the 10th August last, but if such has taken place, it would be important that the fact should be communicated to me without delay.

As some controversy exists about the history of the passing of the latter Act, I may mention that we are solely indebted for it to the exertions of Sir Dominic Corrigan, and that its true history will be found in the last Report of the Irish Poor-Law Medical Officers' Association, dated 3rd June, 1872, and which is long since in the hands of every Poor-law medical officer in Ireland.

I am, Sir, your obedient servant,

JOHN MAUNSELL,

Sec. Poor-Law Med. Officers' Association, Ireland.
Harrington-terrace, Dublin, Oct. 1872.

LIVERPOOL.

(From our own Correspondent.)

VERY earnest efforts have been made for a long time by the authorities of the medical school to obtain sufficient funds to complete the new school-buildings, designed some twelve months ago, which still remain unfinished. Their appeal is kept constantly before the public in the local papers. In the introductory address at the commencement of this session, Mr. Banks adopted the unusual course of making it the medium of a stirring appeal to the merchants and leading men of Liverpool. Considering the usual style of these addresses, a little departure from the beaten track was pleasant. He certainly had a very strong fact to bring into prominent notice—that the second town in the king-