

various opinions expressed, but also in acquiring a notion of the forms and etiquette of consultation, a knowledge which cannot but be of great advantage in after-life. Again, on operation days at Guy's some years ago, one always saw two or three at least of the surgeons in the operating-room, assisting, at any rate, by their presence. Students liked to see them; it showed an interest in the hospital, it helped to develop an *esprit de corps* in one's *alma mater*. I remember how glad and proud one used to feel to be able to point out to strangers coming to operations, That is Mr. A., who wrote such-and-such a book, a great man on so-and-so; or, That is Mr. B., a very clever man—splendid fellow; why, he actually removed a kidney! And one felt a glow of pride in thinking what wonderful men *our* hospital possessed! Now, I regret to see that much of this has changed. The surgeon who is operating is generally without a colleague present; one may occasionally drop in apparently accidentally, look over the operator's shoulder, and walk out. Or operations are going on in three or four wards at once, and one never knows where any operation on the list is likely to be performed. This, I urge, is not just to the students, all of whom have a sort of pre-emptive right to an opportunity of seeing every operation, except of course those in which the patient might suffer from his presence, and it is, I am sure, a real grievance. As a matter of fact, the patients here have the advantage always of two opinions, and in very critical or doubtful cases one frequently calls for other advice in the persons of various consultants, whom I have always found most kind and willing with advice, and to many of whom I am much indebted. The proposition of having a consultant staff is more particularly because, as far as the medical officers are concerned, we feel we should not be dependent on the courteous kindness and gratuitous services of eminent medical men. It is only just and right that they should receive some fee, and that the pernicious system of continually enlarging the sphere of unpaid medical services should be avoided. Undoubtedly, there is a great deal of work in these infirmaries, and an increase in the medical staff is desirable. It must be remembered, however, that although we have a great number of cases, many of a serious nature, involving much time and attention, there is a large proportion of trivial ones, trivial at least as far as actual work in treatment goes, although perhaps not so in respect of pathological interest. A large proportion of our cases consists of chronic ulcers, chronic bronchitis, chronic gout, chronic rheumatoid arthritis, forms of paralysis in old people, and bedridden cases from senile decay. All these do not entail a large expenditure of time, so that to say that we have large general hospitals is not exactly correct. Two resident medical officers (and in every infirmary there are now two), not engaged in other practice and devoting their whole time to the duties, can get through a great deal of work.

I am afraid that I have already trespassed too much on your space, and will leave the questions as to the utilisation of these infirmaries for clinical studies, as to their proposed affiliation to the general hospitals, and as to the merits and demerits of the present system, to another letter, should you be willing to accord me space at a future opportunity.

I am Sirs, your obedient servant,

CHARLES GROSS, M.D. Lond., F.R.C.S. Eng.
St. Saviour's Union Infirmary, Walworth, Feb. 15th, 1887.

* * We have received several other letters on the above subject, for which, however, we cannot find room this week.—ED. L.

MEDICAL CORONERSHIPS.

To the Editors of THE LANCET.

SIRS,—Will you allow me to make a few remarks in reference to this subject, as suggested by Dr. Macdonald's letter which appeared in your issue of last week. Having been a candidate for the last appointment, until promised the deputyship by Mr. R. Collier should he have proved successful, he having held that post for ten years, and having on that promise withdrawn my name from the contest, and now being a candidate and having issued my address in your columns, my remarks may be pardoned on the subject. I quite agree with Dr. Macdonald that the medical and not the legal profession are the proper persons to act as coroners. Dr. Macdonald may not be aware of one clause which now stands in the new Coroners Act, and which I believe has passed the second reading, to the effect that the appointment

of coroner should be *only eligible* to barristers or solicitors. Surely this clause has crept in unchallenged. I have seen no allusion to it at all, and therefore draw attention to it. The legal profession are so inundated with appointments that they can well give up their absolute claim to such a post. I quite agree with Dr. Macdonald, that the coroner should, if possible, combine a medical and legal knowledge. Having graduated both in law and medicine, I felt that I had unusual demands for such an appointment. As to the election, I think that it should rest with the Middlesex magistrates, and not with, as has proved to be the case, members of the Odd Fellows, Foresters, and Druids, because they were members of these respective halls, which were in the eastern division of Middlesex; and also with boatmen, who, mooring their boats on the foreshore of the Thames, claimed a privilege to vote. Such farcical nonsense ought surely to be put a stop to, and some Act of Parliament passed to legislate in these matters.

I am, Sirs, your obedient servant,

Feb. 15th, 1887.

L. FORBES WINSLOW, D.C.L. Oxon.

"EPIDEMIC DIARRHŒA."

To the Editors of THE LANCET.

SIRS,—We also have been visited in this neighbourhood (St. James's) with an epidemic of diarrhoea—"winter cholera," as the people call it. The attacks come on with great suddenness, often after the evening meal, and, in most of the cases I see, the symptoms become aggravated at night after the patient goes to bed. Severe pain is, as a rule, a prominent symptom, but I have seen more than one case in which, whilst the intestinal catarrh has been profuse, there has been no pain from first to last. I am disposed to attribute the outbreak to atmospheric influences solely.

I am, Sirs, your obedient servant,

Piccadilly, Feb. 15th, 1887.

T. BROWNE O'CONNOR.

To the Editors of THE LANCET.

SIRS,—Within the past fortnight several cases of diarrhoea have occurred in my practice in this neighbourhood (Bayswater, W.). Some of the cases have been of extreme severity. The symptoms in all were: pain of a griping character, referred to the region of the umbilicus; frequent diarrhoea of, at first, bilious matter, subsequently becoming of a watery nature; vomiting, thirst, loss of appetite, and general prostration. In one case the symptoms were much aggravated, having, in addition to those above, cramps in the muscles of the abdomen and lower extremities, pulse small, weak, and frequent, almost complete suppression of urine, sunken eyes, and general depression of strength. The attacks lasted from three to six or seven days, and recovered under appropriate treatment. As other districts were affected in a similar manner, perhaps atmospheric influences and water-supply have had a good deal to do with this (at this season of the year) unexpected visitation.

I am, Sirs, yours faithfully,

Pembroke-gardens, W., Feb. 15th, 1887. JOHN WHEELER, M.D.

* * On the above subject Dr. Shirliff of Kingston-on-Thames also sends a communication, in which he mentions cases that have occurred in his district exhibiting symptoms similar to those described above, and expresses the opinion that the disease is attributable to cold.—ED. L.

THE UNIVERSITY OF EDINBURGH.

To the Editors of THE LANCET.

SIRS,—I have read in THE LANCET of the 12th inst. Professor Rutherford's letter of the 9th inst. I am exceedingly reluctant to enter upon any correspondence in reference to the attack made upon me by Professor Rutherford, more especially after the remarks made by him to his class on the 28th ult. In the course of these he is reported to have said that the time would come when all the facts of the case would be known, and until that time he asked his students to suspend their judgment. I looked upon this statement as an intimation by Professor Rutherford that an inquiry will be made by the Senatus Academicus, or by the University Court, into the whole matter. I can only say that I shall hail such an inquiry with much satisfaction, more especially after what Professor Rutherford