

to discuss the relations between the medical profession and the public; and no recent occurrence has excited more painful interest among us than that which has taken place at Pendlebury. It is important in its bearings on the relation between the lay and medical elements in a hospital, and on those between the nursing department and the medical staff. The latter is especially interesting just now, if we bear in mind the evidences of a foolish attempt in some quarters to put the nurses above the doctors. This case also opens up the question as to whether or not it is advisable to invest any one man with what amounts practically to a dictatorship. In moving the resolution, which it is my duty as President to bring before you, I will leave those questions aside, and confine myself as closely as possible to its special subject matter." Dr. Simpson then criticised the line of defence of the medical superintendent and the lay committee, and referring to the language of one of the governors said: "Not even the hysterical fear of 'anarchy' displayed by Mr. Steinthal justified such a proceeding. Dr. Humphreys is not one of the 'dangerous classes.' He is not an anarchist, or Communist, nor, as far as I know, even a Republican. No, gentlemen, Dr. Humphreys is one who has attained to high university distinction, being fifth wrangler and a former fellow of his college. He is a man of scholarly and scientific tastes, and has shown marked ability in the pursuit of medicine as a science. The history of the Children's Hospital is distinguished by this peculiar feature, that during its long period of existence it has added next to nothing to medical science and literature. I must except some valuable papers contributed by Dr. Barlow, but otherwise I am not aware of any scientific work emanating from that hospital. Dr. Humphreys, however, was alive to the value of the wide field of observation before him, and by his frequent appearances at the Manchester Medical Society, and at the meetings of the Microscopical Section of that Society, with communications displaying earnest thought and careful observation, he gave a foretaste of what might have been looked for in the increase of our knowledge of disease and its treatment, had not his connexion with the hospital been ruthlessly cut short. There are," he continued, "one or two questions still to be named before I move the adoption of the resolution. The letter of Mr. Oliver Heywood to Dr. Thorburn, which appeared in Monday's papers, conclusively settles one point which was justly rousing a strong feeling of indignation in our profession. The trumpery and ridiculous charge against Dr. Humphreys, which was the sole reason given for his suspension, together with the feeble defence of it in the medical and local papers by Mr. Cross, Mr. Steinthal, and Dr. Borchardt, have led to a wide-spread belief that there must have been some grave delinquency which the Board, out of kindness, have not published. Mr. Heywood's letter disposes of this idea, for he emphatically says there was nothing."

The following gentlemen—viz., Mr. Meacham, Dr. J. S. Fletcher, Dr. Royle, Dr. Brierley, Mr. Dacre Fox, Dr. Stone, Mr. T. N. Dean, Dr. Leech, Dr. Bury, and Mr. Cullingworth, took part in the discussion, and expressed their concurrence in the views enunciated by the president. The resolution was then put to the vote, and carried without a dissentient voice.

THE RELATIONS OF MEDICAL MEN TO THE CORONER'S COURT.

THE following resolutions were proposed and carried at recent meetings of medical men to consider their relations with the Coroner's Court. A report (for which we regret we cannot find room) of the proposals and subjects discussed at those meetings has been drawn up by Dr. Thomas, the Deputy Coroner for Central Middlesex, and Dr. Steavenson, and has been submitted to Dr. Hardwicke, the chairman of the meetings, and received his sanction:—

1. "That the coroner be requested to accept the services and receive the evidence of a skilful medical gentleman in such cases where the medical man called in at death does not desire to make the post-mortem examination, the fee for which (one guinea) should be paid by the medical man desiring such services."

2. "That it is desirable to refer the friends of a deceased person to the registrar in cases where the medical man

called in cannot satisfactorily certify as to the cause of a death, but that the said medical man communicate the ascertained facts direct to the Coroner's office on a form to be supplied for that purpose, so that the coroner can form his judgment as to the necessity of holding an inquiry. The communication being of a private character."

3. "That no registrar of deaths shall be entitled to give an order for the burial of a body without first receiving from a duly registered medical practitioner a certificate of the death as from natural causes; or a certificate from the coroner of the district after an inquest."

Correspondence.

"Audi alteram partem."

"THE CORONER'S FUNCTION."

To the Editor of THE LANCET.

SIR,—The proposal contained in your leader of the 21st instant with reference to the possible future relation of Medical Officers of Health with the Coroner's Court, harmonises so completely with a recent similar suggestion of my own, that I am induced to ask for a short space in your valuable journal with a view of further ventilating this increasingly important question.

You are correct in stating that an extension of the duties of public health officers might be effected with much public advantage, and without interference either with their present functions or with the mode of their appointment. It is, however, certain that a considerable alteration must be made in the requirements of the law relating to special qualification for such appointments, if health officers under the proposed *régime* are to possess the confidence either of the public or of the medical profession. However desirable it may be, theoretically, that preventive and curative medicine should be considered as one science, it is found by experience that the practice of the physician's art and that of State medicine are mutually incompatible. Inasmuch then as it is certain that the official sanitarian who desires to excel in his special calling must give up all hope of success in the ordinary walks of professional life, it becomes a matter of simple justice to him, not less than of public policy, that some means should be within his reach of procuring some authoritative public testimony as to his special qualifications and attainments, analogous to that which his brethren in ordinary practice secure by the acquisition of a medical degree or diploma. In other words, power should be given to one or other of our Universities to examine for and grant degrees in State Medicine, which, like ordinary medical degrees, might confer the titles respectively of Bachelor and Doctor of State Medicine.

The regulations for the first of these degrees might be similar to those now in force for the certificate in Sanitary Science of the University of Cambridge, and might provide for the admission to examination of all registered practitioners over a certain age. The range, however, of the examination should be further extended, so as to embrace the whole of what is included in the term "State Medicine;" and the report of the examiners, instead of discriminating between passed and plucked merely, might usefully class the successful candidates into two or more divisions according to merit, their relative position in the class-lists being duly notified on the degree certificate.

The regulations for the higher degree should be stringent, and should exclude from admission to examination all candidates who have not had actual experience in sanitation and in the practice of public health for a considerable period. The examination for this degree should be an extended and thorough one, and should be conducted by men of the highest attainments in these branches of science respectively. The approval by the examiners of any candidate should moreover be made conditional on his evincing throughout his examination a scientific and practical acquaintance with his subjects, similar in point of accuracy to that which, *mutatis mutandis*, is exacted from candidates for the Doctorate in Literature or in Science of the London University.

I do not know what difficulties beset the way of the existing universities with regard to the inauguration of new

degrees, but it would surely not be difficult to insert a clause in the Charter now in course of preparation for the Royal Irish University, empowering that institution to grant degrees in State Medicine. However this may be, it is certain that were such an examination instituted by a respectable university, there are a large number of highly-qualified men who would be glad to procure such a "hall-mark" for their attainments as is implied in the granting of a good university degree; and it is only reasonable to assume that the fact that a number of men had thus given such high guarantees of special proficiency in State Medicine would act as a powerful incentive with Parliament to authorise such a desirable and, I may add, economical extension of the duties of health officers, as your able leader fore-shadows and suggests.

I am, Sir, yours &c.,

JOHN TATHAM.

Salford, Feb. 23rd, 1880.

BRITISH MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—In last week's LANCET you announce the promotions to the rank of brigade-surgeon, and in doing so say, "We are gratified to record the liberal manner in which the Secretary of State for War has acted." I feel sure, therefore, that you will be pleased to hear that the Secretary of State for India in Council has decided that the medical officers who joined under the terms contained in the Royal Warrant of April, 1876, are to be paid at the rate of £250 a year, instead of the rate of £182 10s. a year, the amount received during the past two years by those officers serving in India, and authority to issue the difference has been forwarded to India. This recognition of the just claims preferred by those medical officers who were sent to India on the old rate of pay will go a long way to promote a healthy feeling of faith in the promises of the War Office, and to make men prize the commission they should consider it an honour to hold. Young medical men may now come forward without any fear that the promises held out to them will not be fulfilled, and that breach of faith (the result, I am inclined to think, of imperfect understanding) of which we have heard so much is a tale of the past, only to be forgotten in the one great effort now being made to consolidate the Department and secure for our soldiers in every clime the skilled medical attendance to which they are so justly entitled, and which it is the desire of a grateful country to procure for them.

I have great pleasure in forwarding this information to you for publication, and subscribe myself,

Yours obediently,

March 3rd, 1880.

"420."

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—As one interested in Naval Medical Reform, would you permit me to offer a few observations from a surgeon's point of view? You will do us a bad turn, indeed, if you succeed in having a period of twelve years' "service," or "in the service" fixed, for our promotion to Staff Surgeon. In the last batch of promotions Surgeons under eleven years were included, who had no special claim, and from this time forward the flow of promotion would seem to promise even to improve still more. The Senior Surgeons now eligible are about ten years in the service, and vacancies already exist for promotion. Should any period be fixed, we hope it will be ten years, of which five shall have been served abroad, it being manifestly unfair for some to be allowed to serve almost continuously at home. From what I have learned from time to time in conversation with many of my brother officers, I do not think that the examination for promotion should be abolished; it is no grievance or terror to the man who keeps himself apace with the times, and reads his LANCET regularly, but there should be no further penalty after loss of promotion in due turn—no forfeit of time or increased pay. I would advocate 12s. a day on entry; 14s. after four years' service; 16s. after eight years; promotion to Staff Surgeon at ten years on 18s. a day, with an annual increase of 1s. a day until the maximum of 24s. be reached; promotion to Fleet Surgeon at eighteen years' service, with

a proportionate increase of pay in this and the higher ranks, to those already indicated for Surgeons and Staff Surgeons, £1 per diem retirement on completing twenty years' service.

I am, Sir, yours faithfully,

February 27th, 1880.

SURGEON R.N.

* * Our correspondent must not forget that the present state of the list is very abnormal, and that promotion can scarcely continue for long at ages so low as at present. We think that a junior grade being an unquestioned necessity, it is right to fix it at the same age for both services, particularly as foreign service in a junior rank is sometimes a naval grievance, as reported to us, and, moreover, as compulsory loss of time on half-pay is not suffered while in the junior grade. By our proposal an annual mean for the first eighteen years of £308 5s., and by our correspondent's of £311 5s., is asked for; that by the new Army Warrant being a fixture at £284 14s.; with which the percentage differences are respectively 8'11 for ours and 9'11 for his. We would sacrifice the 1 per cent. for sake of uniformity with the army scale in its periods of increase. Be that as it may—for we profess to have proposed only the lowest acceptable scales—we find that promotion at ten years, with "Surgeon R.N.'s" scale of pay up to eighteen years, would benefit only to that extent 1 per cent. above our plan, with sure promotion at twelve years, and pay, on our proposal; and therefore we do not ask for the earlier promotion, except for "meritorious services."—ED. L.

DRUGGISTS' CHARGES.

To the Editor of THE LANCET.

SIR,—I was rejoiced, in common with many of my professional brethren, to read your remarks in a leading article of the 28th inst., on Druggists' Charges. The remedy you suggest, that the dispensing of medicines should be given up by the profession into the hands of the druggists, is a most efficient one, and I beg to bear my testimony to the fact that it is quite practicable in all towns of any size, if the medical profession will act in concert. The medical men of this town agreed some time ago to give up the supplying of medicines to their patients, and to write prescriptions only. But in order to protect the public from unreasonable charges, they first communicated with the chemists, requesting them to furnish a tariff of charges (of which I enclose a copy) at which they would consent to supply medicines. I may mention that the system has been in operation now for over twelve months, and appears to work quite satisfactorily. Any further comment on the desirability of this course being followed by the profession generally would be superfluous, as you have quite sufficiently shown its advantages in your article above mentioned.

I am, Sir, your obedient servant,

GEO. M. PITTOCK,

Margate, Feb. 28th, 1880.

Hon. Sec., Margate Medical Club.

Obituary.

EDWARD COPEMAN, M.D.

DR. COPEMAN was the son of a merchant living at Great Witchingham in Norfolk, and was educated at the Grammar School at Trunch. After leaving school he was apprenticed in Norwich, first to Mr. A. Brown, and then to the celebrated J. G. Crosse. Having studied with these gentlemen, and served as a dresser at the Norfolk and Norwich Hospital, he came up to London, and entered at St. George's Hospital. Soon after obtaining his qualifications to practise he returned to Norwich, and was elected house-surgeon to the hospital. He first practised in Coltishall, near Norwich, and obtained there a considerable reputation. Having graduated as M.D. Aberd. in 1847, he removed to Norwich the next year and started in practice as a consulting physician, and in 1851 was elected physician to the hospital, with which institution he was connected until the time of his death.