

tioned. I disengaged the intestine by drawing it back through the loop, and then untwisted it; but I deemed it better to leave the diverticulum, the length and attachment of which I could not clearly ascertain, as division of it would have considerably complicated a comparatively simple and brief operation. This is my reply to the clinical inquiry of the President of the Pathological Society, who asked if at the time of operation it was evident what the nature of the band was, and whether the surgeon was prepared to cut through it if necessary. Had I been aware that Dr. Turner intended showing the specimen at the Pathological Society on the 17th inst., I should have endeavoured to be present to furnish more conveniently the supplementary information required for the full elucidation of an instructive case, which was satisfactory at least in the coincidence of the results of the post-mortem examination with our interpretation of the cause of obstruction at the time of operation.

I am, Sir, yours &c.,
Finsbury-square, May 20th, 1881. WALTER RIVINGTON.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS AND THE OFFICE OF CORONER.

To the Editor of THE LANCET.

SIR,—As I have felt myself compelled to take the very unusual course of declining to present a petition to Parliament, I will feel much obliged if you will publish the enclosed correspondence. My sole desire is that the profession may have the opportunity of forming their own opinion on the action I have taken, prompted as it has been by a life-long desire to place the claims of the well-educated physician in the very forefront of intellectual public life in all departments of the State in which his services may be called in requisition. It has ever been my motto, *Ιατρος γαρ ανηρ πολλων ανταξιος αλλων*.

Faithfully yours,

ROBERT D. LYONS.

House of Commons' Library, May 24th, 1881.

King and Queen's College of Physicians in Ireland,
Dublin, May 12th, 1881.

DEAR DR. LYONS,—I am directed by the College to request that you will kindly take charge of the petition of the College relating to the law of coroners in Ireland (which I forward to you by this post), and present it to the House at the earliest opportunity.

I have the honour to be, dear Dr. Lyons,

Yours very faithfully,

J. MAGEE FINNY, M.D., Registrar.

Robert D. Lyons, Esq., M.B., M.P.

House of Commons, May, 1881.

MY DEAR DR. FINNY,—I have received the petition of the College on the Coroner's Bill, and I beg leave to say that with the fullest sense of my duty to the College, and my most anxious desire to comply with its behests in all things, I feel very great difficulty in presenting a petition to the House of Commons which seeks to impose a disability on members of the medical profession in regard to a public office. I fear that this opens up a question of great gravity, and may be but the initiation of further disabilities, which many would be but too ready to impose on a profession not naturally strong in its powers of public protestation. I find that there is a large feeling in the metropolis in favour of medical men as coroners, a recent election having been successful in placing Dr. Thomas as the fourth in succession to Dr. Wakley in the office of coroner for Middlesex. On the committee to secure his election were—Dr. Farquharson, M.P., Chairman, Sir W. Jenner, and other men of note. Dr. Thomas was elected by 2500 to a little over 300, strikingly showing the feeling of the electors. The University of Oxford appoints a medical man as university coroner, and other examples may be readily found. I am myself of opinion that a well educated medical man, such as we hope the licentiate of the future shall always be, is fitted for any station in life, and from ancient times to the present day medical men have filled the highest official stations with great public advantage. The peerage and the great orders of honour have been largely illustrated from the ranks of medicine, and in both the administrative and combatant branches of the services. Names occur at once to my mind of men whom the State has delighted to honour. I would ask you to put my humble duty and most profound respects to the President and Fellows, and may beg them

to reconsider the petition with a view to striking out Clause 2, or to relieve me from the deep embarrassment in which I should find myself placed, by asking another member of the House to present the petition if they deem it right to adhere to its present form.

Believe me, dear Dr. Finny, faithfully yours,

R. D. LYONS, F.K.Q.C.P.I.

To the Knights, Burgesses, and Commoners, in Parliament assembled, of the United Kingdom of Great Britain and Ireland, the humble petition of the President and Fellows of the King and Queen's College of Physicians in Ireland, sheweth,—

That a Bill has been introduced into your honourable House, intituled "A Bill to Amend the Law relating to Coroners in Ireland"—ordered to be printed 20th January, 1881. Your petitioners have observed with regret that the Bill proposes to continue the most objectionable features of the existing Coroners' Law in Ireland. Your petitioners are of opinion that the system of appointing coroners by vote of the ratepayers is not calculated to secure men with the requisite judicial qualities and technical knowledge for the efficient discharge of their highly responsible duties; and, as these duties are essentially of a judicial character, your petitioners consider coroners should be appointed on the same grounds, and in a similar manner, as other judicial functionaries. Your petitioners observe that while medical evidence is essential for the efficient conduct of a coroner's inquiry into the cause of death, it by no means follows that there should be a medical judge to try cases where medical evidence may form an essential portion of the case. On the contrary, the medical evidence should be provided by a skilled medical expert, who should be a medical jurist and pathologist; and, in the opinion of your petitioners, every Coroner should have such an officer attached to his Court. To the present system of employing "any legally qualified medical practitioner at or near the place," as provided by Act of Parliament (Vict. 9 & 10 c. 37, s. xxxii.), your petitioners take exception. Medical men engaged in general practice are seldom skilled pathologists or medical jurists, and therefore their evidence on special points is of comparatively little value. Your petitioners are of opinion that a Bill which does not contemplate the removal of the above-mentioned abuses in the existing Coroners' Law must prove unsatisfactory, and they therefore suggest that any measure for the reform of Coroners' Law which may receive the support of Her Majesty's Government should contain the following essential provisions:—1. That all Coroners should be appointed and paid by the Crown, as other judicial functionaries are at present. 2. That every Coroner should be either a barrister-at-law or on the roll of solicitors. 3. That every Coroner should have at least two deputies to take his place in case of absence or overwork, and that these deputies should be qualified in like manner as the Coroner. 4. That every Coroner should have a skilled medical expert attached to his court. Such expert should be appointed by the Crown, and should determine in all cases whether a post-mortem examination is or is not necessary, and should act as assessor to the Coroner. 5. That in all cases where a medical practitioner has been in attendance shortly before, at, or immediately after death, he should be examined as a witness, except in cases where he is charged with causing the death. 6. That all other matters of detail as to salary and retiring allowance of Coroners should be regulated on the usual principles followed in paying judicial officials. 7. That the medical expert should be paid partly by salary and partly by fees for each inquest. 8. That all other medical witnesses should be paid fees for attending and giving evidence, in addition to expenses incurred; and that such fees should be not less than three guineas a day. 9. That a proper place should be provided, where practicable, for the performance of post-mortem examinations in connexion with coroners' inquests. Your petitioners humbly pray your honourable House to amend the Bill in conformity with the foregoing suggestions; and your petitioners will ever pray.

Signed and sealed on behalf of the College,

GEORGE JOHNSTON, M.D. &lin., President.

May 12th, 1881.

J. MAGEE FINNY, M.D. Dub., Registrar.

PHTHISIS AND HYDROPATHIC ESTABLISHMENTS: A CONTRIBUTION ON THE CAUSATION OF PHTHISIS.

To the Editor of THE LANCET.

SIR,—It is not at all uncommon to find consumption in association with caseous, slowly progressing suppuration of bone. Moreover, this well-observed fact appears to be in accordance with the well-known experiments of Villemin and others, illustrating the production of acute tuberculosis by the inoculation of caseous and non-caseous inflammatory products. But why do we find in practice that such results happen in some cases and not in others? This it is not always easy to explain, but many reasons have been given, such as the varying susceptibility of different constitutions, the accidental proximity of the infective material to the vascular or lymph systems, and the influence of the atmosphere and minute organisms. Those practitioners who are eager to steer their cases of caries of bone away from the shoals of phthisis are apt to look out for tangible assistance; and, believing that the following failure will show very clearly one of the ways how not to do it, I offer it as a contribution on the subject.

In November, 1880, a gentleman, aged twenty-five, consulted me and made the following complaints: a cough for

the past ten months; hoarseness for four months; relaxation of bowels—two or three times a day—for six months; and loss of flesh—two stones in eighteen months. He handed me in writing his previous history and treatment, which it will be well to quote: "In January, 1879, I fell on the ice and bruised my face, my right knee and right breast. A month afterwards a swelling formed on the breast, getting larger up to June, when I went to ——— Hydropathic Establishment. There the doctor gave me the following orders. In diet strictly to be sparing in the use of flesh meats, taking such once a day only, and fish or fowl in preference twice or thrice a week; no soup or beef-tea, and eggs sparingly; to be sparing in the use of fat of all kinds, butter, milk, and foods made with milk; milk at supper to be especially avoided, and cornflour moulds preferable to milk puddings. Three meals allowed a day, and half a tumblerful of water to be taken before every meal. No luncheon or supper. Then as to baths. Every morning a rain bath, hot gradually reduced to cold, finishing with a canful of cold water dashed over the head and shoulders. Three times a week I had the ascending douche; this is like sitting on an ordinary W.C. seat, with the seat uncovered, and through a very small pipe, about a foot and a half below, water was projected against the anus. It was like a mild enema and brings on a desire for a motion very quickly. Every afternoon I had a spinal sitz bath—cold, deep—for ten minutes. On the three alternate days I took a Turkish bath, followed by a rain bath and descending douche. In addition certain body bandages worn to produce a 'crisis' created a sore on the abdomen, which discharged for over three weeks. Three days after admission the swelling was lanced, matter and blood escaping freely. With two days' intermission this treatment went on for ten weeks, and when I left on August 24th, 1879, the instructions were to carry out the same as far as possible."

My patient's story now runs on to the cough in Jan. 1880, and the development of laryngeal and intestinal complications. In Nov. 1880, there was softening of the upper part of the left lung, and early mischief in the right apex; there was ulceration of both vocal cords, and of the left margin of the epiglottis; and the signs were present which stamp diarrhoea as of tubercular origin. Over the fifth right rib, three inches from the sternum, was a sinus, almost healed over, communicating with carious disease of the rib. The patient grew steadily worse and died in February, 1881. His general health before the accident was good, he had a good family history, and he denied syphilis. Here, then, are certain clinical facts. A man of average health has a centre of infection accidentally set up. For ten weeks, and while the risks of infection were probably at their height, he was reduced by baths, exhausting both in character and in frequency. Lastly, he was restricted in his use of fats, milk, and nutrient foods, and advised so to continue. The deduction is that the infective material was first accidentally produced, the constitution was then as closely adapted to the bad influence as man could make it, the result being successful inoculation, phthisis, and death. The moral needs no telling.

I am, Sir, your obedient servant,
Ventnor, May, 1881. JAMES M. WILLIAMSON.

DR. KIDD ON THE CASE OF THE EARL OF BEACONSFIELD.

To the Editor of THE LANCET.

SIR,—In accordance with the love of large and liberal views, and the desire "to bring the catholic spirit into medicine, gathering all knowledge to the aid of suffering humanity," expressed by Dr. Kidd in his letter in last Saturday's LANCET, I have no doubt he will kindly favour your readers with a short clinical sketch of Lord Beaconsfield's case while under his care, including the treatment which enabled him to afford "*prompt and perfect relief*" after the two leading physicians of the day had "*failed to relieve the patient*." The absence, hitherto, in the published reports of anything like a definite opinion of the pathology of his Lordship's case, would, I am sure, render such a sketch as I have suggested of much interest and value to your professional readers.

I am, Sir, very truly yours,
W. UNDERWOOD WHITNEY.

Great College-st., Westminster Abbey, May 23rd, 1881.

MEDICAL INDICES.

To the Editor of THE LANCET.

SIR,—With the growth of scientific periodical literature the question of the formation of indices becomes year by year more important.

You are aware that while the various Jahrbücher, Revues, and Records publish collected abstracts of many important papers, they are necessarily very imperfect, and that the only attempt to deal fully with the subject has been by the publishers of the Index Medicus, edited by Dr. Billings, of the Army Medical Department Library, Washington; but from what I hear there seems to be financial difficulties in the way of carrying on this meritorious publication.

The object of my letter is to ask whether the whole subject of indices is not one for international co-operation, for the promotion of which the assistance of Government may fairly be asked. Such a scheme would not limit itself to medical science, but would embrace all.

It has also occurred to me that our medical weekly papers would greatly facilitate research if they would publish complete indices to their whole series up to date.

I am, Sir, yours truly,

Birmingham, May 16th, 1881. ROBERT SAUNDBY, M.D.

IRELAND.

(From our own Correspondent.)

THE annual meeting of the Fellows to receive the report of the Council of the Royal College of Surgeons has been fixed for Saturday, the 4th June, a date more satisfactory to the provincial Fellows than that usually arranged. By holding it on the 4th proximo a large number of the Fellows who come to town to be present at the annual election of President, Vice-President, and Council, which will take place on Monday, the 6th June, will be able to attend without much inconvenience, to receive and discuss the annual report. To the names of Messrs. Bennett, Baker, and Meldon, mentioned last week as candidates for a seat in the Council, may now be added that of Dr. William Roe, lecturer on midwifery in the College of Surgeons. Canvassing for candidates for Council has of late years been exercised so openly, more especially within the walls of the College, that a strong expression of opinion against its continuance was adopted by the Council of the College last year; and it is probable that at the ensuing election arrangements will be made to enable Fellows to fill up their voting papers without being overlooked.

No date for the first matriculation examination has been fixed in the scheme adopted by the Senate of the Royal University of Ireland, and as far as can be learned, it is very improbable that it will take place this year. Before granting the necessary funds the scheme must be discussed in Parliament, and, considering the state of public business, it appears doubtful if much progress will be made this session in the matter. Further efforts are being used to secure the Queen's University in Ireland from being dissolved, as contemplated by the University Education (Ireland) Act of 1879, a result which it is considered by a large number would be an infraction of the vested rights of the graduates of that University, and injurious to the interests of academical education in Ireland. Besides this, Mr. Gladstone would seem, from his recent utterances, not to regard the formation of the new University with very much favour.

The College of Physicians have adopted certain recommendations of a committee appointed to consider the Coroners (Ireland) Bill, now before a committee of the House of Commons, and have requested Dr. Lyons, M.P. for Dublin, to present them to the House. They consider that coroners should be appointed in the same way as other judicial functionaries, their duties being essentially of a judicial character, and that they should be selected and paid by the Crown; that every coroner should have two deputies and also a skilled medical expert attached to his court, the latter official to be paid partly by salary and partly by fees. Further, that the practitioner in attendance shortly before, at, or immediately after death, should be examined as a witness, and receive not less than three guineas a day for