AT a meeting of the trustees of the Hunterian Collection of the College of Surgeons, held on Saturday last, Mr. George Busk, F.R.S., was elected a member of the board, to fill the vacancy occasioned by the death of the Bishop of Winchester.

THE mortality in London last week rose to 28 per 1000 per annum. Of the deaths, 761 were due to diseases of the respiratory organs, an increase directly referred to the recent low temperature.

WE are authorised to state that Mr. J. H. Wharton was not a candidate for the Professorship of Surgery in the University of Dublin, as stated in THE LANCET of last week.

THE Printers' Society of Newcastle and Gateshead have presented their medical examiner, R. Ellis, Esq., with a handsome timepiece, in appreciation of his services to the society for the last ten years.

A GOOD deal of enteric fever is said to exist at Mevagissey, Cornwall. There is stated to be a great deficiency of closet accommodation.

DR. HENRY KENNEDY has been appointed Vice-President of the King and Queen's College of Physicians, Ireland.

AN inquiry into the sanitary condition of Brentford is now being made by Major Tulloch, Government inspector.

ST. VINCENT'S HOSPITAL, DUBLIN.

ABSTRACT OF DR. QUINLAN'S INTRODUCTORY ADDRESS.

AFTER some preliminary remarks, Dr. Quinlan said:—"In his immortal treatise on 'The Orator,' Cicero proved that perfect oratory is shown in the application to the purposes of eloquence of every branch of classical learning. So, in like manner, we may affirm that scientific medicine consists in the application to the investigation or relief of human suffering and disease, of almost every branch of natural and experimental science. Chemistry and botany are the ancient handmaids of medicine; but in latter days the sciences of electricity, of optics, of heat, of sound, of fluids, of practical mechanics, have taken their share either in physiological investigations or else in the examination or treatment of diseased conditions. All these departments of science have, within the lifetime of the present generation, made immense strides; and have, in fact, like astronomy, become departments of applied mathematics. Foremost among them is electricity, which is now so exact a science that the electrician is able to point out, in an Atlantic cable, the exact position of a flaw which is situated hundreds of miles from the shore and hundreds of fathoms beneath the sea. The other sciences are worthily keeping pace; but when we come to medicine we find that her scientific progress is not equal, and that, although a splendid and carefully cultivated art, she has not yet attained the degree of an exact science. And yet medicine has, within the last quarter of a century, accomplished some great discoveries which will stand the test of time and experience, and which are worthy of being placed upon the same pedestal as those of the circulation of the blood or of vaccination. Foremost among those I would place the introduction of the method of producing insensibility to pain in surgical operations, which it would not be too much to say has completely revolutionised operative practice. Formerly the great aim of the surgeon was to accomplish his awful but necessary duty to his agonised patient as rapidly as possible, and a clinical clerk, with a watch, always stood by to note the time so occupied. Mr. Herbert Mayo performed amputation at the hip-joint in 90 seconds. Mr. Edward Hutton, whose resident pupil I had the honour of being, amputated at the middle of the thigh in 78 seconds; and I have heard M. Jobert de Lamballe pronounce not very slowly the words *un, deux, trois*, while he with lightning speed removed an arm at the shoulder. We have changed all this; we operate, like the sculptor, upon an insensible mass; we go carefully through our work; and, although accomplishing it as quickly as we can, we do not count the seconds. A new class of operations, under the title of conservative surgery, has, to the great benefit of humanity, sprung up, in which we endeavour to carefully remove the precise site of disease or injury, and to leave for future use the surrounding structures. For instance, in incurable diseases of the knee, instead of amputating the thigh, the surgeon now removes the actual diseased joint, and leaves the sufferer with a whole limb, stiff at the knee, but as good for walking as ever. This operation, like the old revolving pistol of the time of Henry VIII., contained in the Tower Museum, is an example of a discovery made long since, but abandoned because it could not be put in practice..... Both in chloroform and ether Dublin practice has been distinguished for efficacy, and, above all, for safety, beyond many neighbouring capitals, and our ratio of fatal cases has been amazingly low. This has been solely attributed to the complete knowledge on the part of the Dublin faculty of the conditions of safety in anæsthetics, and to their care and caution in using them. Notwithstanding our favourable experience of chloroform, it has occurred to Dublin surgeons that perhaps the original though disused agent, ether, might prove the safer of the two. On this question being ventilated, a committee was appointed in our College of Surgeons to consider it; and I refer to that committee with pride, because in this matter medicine will assume the attitude of an exact science. All the hospitals of Dublin are associated together in the great work. Every case of ether or of chloroform occurring in them is carefully tabulated on a fixed uniform schedule. All the facts will thus be ranged into a focus, and by a process of scientific induction a really correct result will be obtained. The application of spectrum analysis to medicine is still in its infancy, but has accomplished already some great things. By it we are able to detect, with extraordinary accuracy and delicacy, changes in the oxidisation and carbonisation of the blood, the presence of minute quantities of bile in the blood and secretions, and many other important pathological phenomena. The ophthalmoscope, the instrument by which we behold the interior of the living eye, is daily becoming more and more important, not only to the oculist, but to the general physician, for the diagnosis of diseased states of the brain. The tympanic auriscope begins at last to give us some real information as to the amount of action of an affected ear. The living, acting larynx—the wonderful organ of the voice—is no longer a sealed book to be guessed at by the comparison of symptoms. The laryngoscope enables the physiologist to watch its action, and the surgeon to examine and treat its diseases, even to the removal of polypi or the medication of ulcers..... Upon the triumphs of the microscope it would be superfluous to speak. It would not be too much to say that it has built up the modern edifice of physiology and pathology. I would merely impress upon you the necessity of making yourselves practically familiar with the appearances under the microscope of every variety of natural tissue, both in its healthy and its diseased states; also with as many abnormal ones as possible. It is not sufficient merely to examine—you must also learn with your own hands to measure, and, with either the camera lucida or the reflector, to draw microscopic objects. You must also practise yourself with the polariscope and all the other apparatus used in connexion with microscopic research. Last, though not least, I would allude to the ingenious endoscope for viewing some of the interior cavities of the body. This, as well as all the other appliances which I have mentioned, you have had and will have abundant opportunities of viewing in the course of the session, both in the laboratory and in the wards. Up to a recent period nearly all the therapeutical agents were made to act,—firstly, upon the general system—usually through the stomach—and then upon the local part affected. These last few years a great improvement has been accomplished by injecting under the skin of the part affected small quantities of the active principle of different powerful remedies, so as at once to affect the part,

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. Jellett, 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 juryman" 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 juryman" 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 juryman," 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