

both of them left the profession, Coxwell becoming a famous aeronaut, and Albert Smith scarcely less celebrated by his popular entertainments at the Egyptian Hall, Piccadilly, which consisted of a lecture (illustrated by views and trophies and relieved by humorous anecdotes) describing how this adventurous member of "the College" had effected the ascent of the then almost inaccessible Mont Blanc.

Frequent reference is made in the article to Harley Street and Cavendish Square, which have, during the latter half of the present century, become famous as medical centres. To these may be added Henrietta Street and Holles Street, which in quite recent times were equally well known in the same capacity. Probably but few of those who live at these addresses know the origin of the names which they have thus caused to be so widely known. These places, as well as the still more famous Oxford Street, take their names from Harley, Earl of Oxford, and his wife, Lady Henrietta Cavendish Holles.—I am, etc.,

Weymouth Street, Jan. 13th.

BALMANNO SQUIRE.

THE DUTY TO SEND INFORMATION TO THE CORONER.

SIR,—The letter of "X. Y. Z." in the BRITISH MEDICAL JOURNAL of January 13th, with reference to your recent leading article on the above subject appears to me to call for some reply, as it is apparently written under misapprehension, as well as being inconsistent with the view taken by yourself "that it is to say the least doubtful whether the duty (of sending information to the coroner) is imposed by the common law on anyone."

May I point out in the first place that the coroner (like the coroner's officer) does depend for his fees upon the number of inquests held, for he is paid (like magistrates' clerks) by salary quinquennially revised, and based exclusively upon the number of inquests held within that period?

But that is by the way. I will accept the statement of "X. Y. Z." that "it is usually to the coroner's officer's advantage that an inquest should be held," though this is not universally the case.

"X. Y. Z." then goes on to say, "I have had more than one case of sudden death from natural causes, in which the coroner's officer, on making enquiries after information from me, had let out this fact, intimating that it meant for him no fee and expenses out of pocket"—(the italics are my own)—with the result that the officer obtained a bribe from the relatives of the deceased.

Now, Sir, there is an evident misunderstanding here. If "X. Y. Z." is a medical practitioner (as I assume from his writing in our JOURNAL), though of course this cannot necessarily be inferred from his signature, I entirely fail to understand how he came to give information to the coroner's officer at all in the circumstances. Inasmuch as he expressly states that the sudden deaths "were due to natural causes," he had no duty whatever to perform in the matter beyond giving the usual certificate for the Registrar, and this duty is imposed upon him under penalty, as you observe. It does not prejudice the cause of public safety to issue his certificate, for the coroner can, if he thinks needful, set such certificate aside, and act as though it had not been granted.

Further, I venture to think that if the coroner's officer, to the doctor's knowledge, makes use of information obtained from him in order to obtain a bribe, it is the duty of the doctor to report such conduct, not, perhaps, in his medical capacity, but because otherwise he would seem to be conniving at an impropriety, to use no stronger word.

In conclusion, "X. Y. Z." says: "As coroner's law now stands, the matter is as follows: (1) 'If we do not inform the coroner we run the risk of censure'; or (2) 'If we report the case we may subject our patient to blackmailing.'" But "as coroner's law now stands," neither of these conclusions follow, for:

1. There is no duty to inform the coroner of deaths which the doctor conscientiously can certify to be due to natural cause.
2. If the case is not one (to the doctor's knowledge) of death from natural cause, he cannot certify it, and it will inevitably come to the knowledge of the coroner through the registrar of the police, and the doctor incurs no risk of subjecting his patients to blackmail.

One other point: The weight attaching to the leading articles of the BRITISH MEDICAL JOURNAL is naturally great, and I therefore desire to make allusion for one moment to the leader on this subject in the JOURNAL of December 23rd, 1899, which I think may otherwise create an erroneous impression. It is this: The resolution of the Coroners' Society (of which I am a member) is by inadvertence inadequately quoted in your article as follows: "The Coroners' Society for England and Wales has recently passed a resolution that 'In cases of death from violence or from any unnatural cause it is a common law duty imposed upon the practitioner in attendance, among others, to report to the coroner.'" The resolution consequently appears to be the enunciation of a fact, whereas in the original it only states "that it is the opinion of the Council in cases," etc., which makes a material difference.

With great respect for the opinion expressed in your leading article (quoted above), that "it is, to say the least, doubtful whether this duty is, or is not, imposed by the common law on anyone," I desire to say (speaking as an individual member of the body politic, and also as a medical practitioner of thirty-six years' standing) that I cannot assent to your view. In all cases of deaths which to the knowledge of the practitioner in charge are attributable to violence or other unnatural cause, or are attended by suspicious circumstances, I share the view of the Council of the Coroners' Society that this duty is incumbent (whether by common law or in the general interest of the public matters not) "on medical practitioners amongst others," and this is what the Society contends. Many a crime would go unpunished had it not been always thought that there was no incompatibility between the duty of revealing a criminal act which may come to our knowledge in the course of our professional work and the highest regard for the ethics of a noble profession.—I am, etc.,

January 14th.

MEDICAL CORONER.

SIR,—In the BRITISH MEDICAL JOURNAL of December 23rd, 1899, you say that coroners are paid by salary and not by fees. Just so; but this salary is revised every five years, on the basis of the number of inquests held by them during this period. Ergo, the greater the number of inquests the better for the coroner, and, I may add, the coroner's officer.—I am, etc.,

January 16th.

W. H. P.

THE USE OF OPIUM IN CHINA.

SIR,—In a review of a small book, entitled *Opinions of Over 100 Physicians on the Use of Opium in China*, that appeared in the BRITISH MEDICAL JOURNAL of December 23rd last (pp. 1753-4) the following sentences occur:

"In all inquiries of the kind bias is always a dangerous element; remarks calculated to throw doubt upon the integrity of those who differ in opinion are not likely to bear good fruit. We quote a paragraph from an article headed, *The Opium Habit, the Opinions of a Hundred Experts*. The paragraph refers to the work done by the Royal Commission on Opium in India and runs as follows: 'The day will come when the bulky report of the Commission will be looked upon as a costly and stupendous monument of sordid bias, special pleading, and outrageous discrepancy. If the "hundred experts" wish the scientific world to take their "opinions" seriously into consideration, the less they indulge in such language the better.'" "

Your criticism of those who approach a subject from a biased standpoint, and of those who attempt to throw doubt on the integrity of men who hold different opinions is very just; and had the "hundred physicians," whose opinions on various questions regarding opium—its use by, and effects on, the Chinese—are recorded in this book, given expression to any such wholesale condemnation of the Report of the Commission on Opium as is contained in the above quotation, the weight of their evidence would no doubt be seriously lessened in the scientific world.

No such wholesale condemnation of the report, however, comes from the "hundred physicians," for only two of them even refer to the report at all. The opinions of each are given separately above his, or her, name, and no one of three doctors must be held responsible for statements other than those contained in his, or her, answers to the questions asked.