

THE EXAMINATIONS OF THE UNIVERSITY OF LONDON.

SIR,—Looking over the late controversies as to the degree of M.D. of the University of London, I find that one serious grievance has not been removed; and that is the fixing of the age for the first M.B. examination at nineteen years. This appears to me to be quite unnecessary and very vexatious.

A student passes his matriculation after he is 16 years old. He passes the preliminary scientific examination afterwards, which generally occupies a year's study. He then cannot go up for his first M.B. examination till he is 19 years old. His birthday may be unfortunately a week after the date of the examination; yet he must wait a whole year. Such an unfortunate interference in the middle of his course is most detrimental to him. His fellow-students who happen to be a week older can go up; he must separate himself for a year from all the men of his own year, and go back to his preliminary studies, as much as if he had been rejected at his examination. Now, what argument can be used to justify this? He cannot become qualified, and rightly, till he is 21. Why not abolish all restrictions of age between the matriculation and the final M.B.? As the student is bound to study two years after his preliminary scientific, therefore it can only act vexatiously to specify age.—Your obedient servant, M.D.

P. W. MACDONALD.—When we are able to fix a date, we shall be happy to do so; at present, this is not possible.

POPULAR HEALTH-LECTURES.

SIR,—I shall be very much obliged if some one will be kind enough to inform me where I can obtain, "upon hire," diagrams to illustrate a popular lecture upon sanitation or an allied subject. I do not require the usual physiological charts used for ambulance-work.—Faithfully yours, P. PROSSER WHITE, 22, King Street, Wigan.

* * Apply to the Secretary of the National Health Society, Berners Street, London.

A FAILURE OF JUSTICE.

SIR,—I would not have troubled you with reference to Mr. Wilson's letter in the JOURNAL of August 15th were it not that a somewhat similar case occurred in my own practice in the same county seven years ago, showing how fiscal matters are attended to in some districts. A patient of mine, about 60 years of age, had been suffering for a number of years from prolapsus uteri, for which she wore a ring pessary. Otherwise, she was fairly healthy. There was certainly nothing in her condition that led me to anticipate sudden death. While I was from home, she became suddenly ill, complaining of severe pain (abdominal pain, I think), and was seen by my *locum tenens*, a graduate of Edinburgh University. He failed to discover the cause of the symptoms, and she died in an hour or so after his visit. He told the police-constable who had been communicated with, that he could not certify the cause of death unless he had a *post mortem* examination of the body. No more was done till after my return, and about a fortnight after the body had been interred, when the Procurator-Fiscal came and made some inquiries of the relatives, but neither I nor my *locum tenens* was asked for an opinion, and there the matter rested. I understand that the Procurator Fiscal, who is not a medical man, gave his opinion that the cause of death was heart-disease. How he came to that conclusion, or how he accounted for the abdominal pain, I am not aware.

So far as I know, there was in this case no suspicion of foul play, but it seems to me, if not a failure of justice, very like laxity on the part of the protectors of public safety when a sudden death occurs that the Procurator-Fiscal should allow the body to be buried a fortnight before making inquiries, and even then should totally ignore the medical man who saw the case.—Yours truly, M.D.

THE MEDICAL DIRECTORY.

SIR,—Allow me to suggest that every member of the profession who is connected with a telephonic exchange, should insert in the directory-circular (received to-day) his telephone-number and the name of the centre with which he is connected. The entry might appear in the alphabetical list thus: "Smith, John, Rodney Street, Liverpool. (Telephone, Liverpool, 2,341.)", and the letter T might be placed in the "Local List" after the name of each telephone-subscriber.

Now that there are trunk telephone-wires connecting nearly all our large towns (in this district), it is important that the name of the telephone-centre be given as well as the subscriber's number, so there may be no doubt as to who is "called" when a convalescent patient, on a visit at Southport, goes into a telephone "call-office" there, and wishes to consult his home medical attendant at Oldham, 60 miles distant by wire.—Yours, etc., SOUTHPORT, No. 59.

HAY-FEVER AND HEMOPTYSIS.

SIR,—Since reading, in the JOURNAL of July 25th, Dr. C. Baber's remarks and suggestions (for which I tender my thanks), I have seen and closely questioned my patient respecting her attack. She still maintains that, after a very prolonged fit of sneezing, she perceived a sensation of warmth at the middle of the chest, with a feeling of dulness and suffocation, and that she coughed up blood with frothy mucus. She is also positive that, as long as the bleeding continued, she never sneezed. She is a little better; she is using bismuth as a snuff; and when I can overcome her nervousness, I shall examine the nostrils by the reflected light of a laryngoscope-lamp. I forgot to mention in my first statement of this case that this lady's mother has been for years a martyr to every form of neuralgia, and has suffered severely from this same troublesome affection, but to my knowledge she has never had hæmoptysis.—Yours truly, V. POULAIN, M.D.

HOME FOR AN EPILEPTIC CHILD.

MR. H. D. PALMER (Nayland, Colchester) writes: If "Epilepsy" will write to Mr. Turner, the honorary secretary of the Essex Hall Asylum for Idiots, he will get all information respecting cases of the kind mentioned. The home has been largely increased, and a special part built for private cases to meet the wants of those parents who cannot afford to place the case in a private family.

MANGANESE DIOXIDE FOR CHLOROSIS.

SIR,—Will some correspondent kindly give me any information about manganese dioxide for chlorosis. I have a patient who has suffered for some time past from that disease. I have treated her with nearly every preparation of iron, and several other remedies besides, but all to no avail. I have heard of black manganese dioxide being given for that disease. I have looked out for it in several books on therapeutics, but they never mentioned it. I should feel favoured if some correspondent would let me know if there be a refined description for internal use, and what dose should be given.—Yours faithfully, ANXIOUS.

SCHOOL FOR THE BLIND.

SIR,—I should be very much obliged if you, or any of your readers, could inform me, through the medium of the JOURNAL, of any schools in which partially blind children are educated. I have a patient, a little boy, who is myopic, and has congenital absence of the iris, and who is, in consequence, practically blind. He would be taken at the Normal College for the Blind, but the expense would be too great, I fear.—I am, sir, yours truly, X. Y. Z.

COMMUNICATIONS, LETTERS, etc., have been received from:

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BOOKS, ETC., RECEIVED.

Chronic Pulmonary Phthisis. By Hermann Weber, M.D. London: Smith, Elder, and Co. 1885.
The Saline Waters of Leamington Chemically, Therapeutically, and Clinically Considered, with Observations on the Climate of Leamington. By Francis W. Smith, M.D. Second Edition. London: H. K. Lewis. 1885.
The Influence of the Sympathetic. By E. Long Fox, M.D., F.R.C.P. With Illustrations. London: Smith, Elder, and Co. 1885.

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