

650—the probable number of the 910 who will eventually qualify—will go to Scotland or Ireland, and pass in the subjects before graduating, I think we may assume that at least one-third of the London students will go through a full course of natural science before qualifying.

How much longer do the London hospital authorities intend to hesitate before they arrange to grant fair degrees to their students? It is pitiable to read (*Lancet*, May 1st, 1885, page 836) that, while 265 students entered at Edinburgh, 164 at Glasgow, and 90 at Cambridge, only 88 entered at St. Bartholomew's, 50 at St. Thomas's, 41 at Guy's, 39 at University, and 34 at King's. London is losing way terribly, and, when she tries to reform, she will find, as the Indian Medical Service is doing, that a reputation once gained cannot always be traded on for ever.

SHIRLEY DEAKIN, F.R.C.S.Eng.

Bumm, Punjab.

INCREASED COST OF MEDICAL EDUCATION AND THE APPRENTICESHIP SYSTEM.
MR. W. P. HOURIGAN (Freshford, co. Kilkenny) writes: In the course of communication with my provincial brethren, a very important question has been raised with regard to the heavy charges which such of us as have sons going into the profession have to pay for them.

Allow me now to point out to my provincial brethren that this has been brought about by the entire exclusion of countrymen from the governing body of the profession. We have been without voice or vote, and our lot has been like the lot of all unenfranchised masses. We stand almost alone in regard to the absence of any extra facilities for the introduction of our sons into our own calling. The attorney, the engineer, and others enjoy, through the agency of the apprentice system, these facilities which are now denied to us. Even the barrister, through the increase of the apprenticeship system, really, though not nominally, is enabled to give his son his profession on easier terms than an outsider can receive it.

Now, in former times, this was not the state of things which existed, and I desire to call pointed attention to the fact that this was brought about by the operation of the classes who have hitherto held exclusive sway over us in the Medical Council. A new scheme was introduced into the Irish College a few years ago, and advantage was taken of it by the presidents and councillors of that institution to abolish clinical recognition of the provincial hospitals. Furthermore, when the partial remaining provincial privilege allowed by it, namely, one year with a provincial practitioner, was seen to be likely to be availed of more and more every day, the representative of that body on the Medical Council moved and carried there a resolution increasing the compulsory attendance at medical schools, thereby strangling the poor privilege accorded us.

THE PROPOSED NEW MEDICAL DEGREE.

BETA writes: I do not gather, from the correspondence in the medical journals on the subject of the proposed new medical degree, whether any provision is contemplated for the admission to the degree without further examination of men who are already Fellows of the Royal College of Surgeons of England, or Members of the Royal College of Physicians of London; but I cannot help thinking that, if this proposal were fairly considered, it would receive the support of the "powers that be."

It must be remembered that, before the University of Durham made its present liberal provision for practitioners of fifteen years' standing, some men in practice, moved by a laudable desire to possess a higher qualification than that which they had obtained at the close of their career as students, passed the examination for one or other of the above-mentioned distinctions; and some have done so who, having been less than fifteen years in practice, were not at the time eligible for the Durham degree.

Now, I think it will be admitted by all that a man who has obtained the superior qualification of either of the two London colleges must be, from a professional point of view, more completely trained and educated than the ordinary run of men, and might, therefore, most appropriately be admitted at once to the new doctorate without being subjected to the annoyance of any further examination-test; perhaps, even, the University of Durham itself, if this matter were laid before their Senate in a proper light, might be willing to concede that the incorporations among their own graduates of the few men who might desire admission from among those to whom my remarks refer, would not be likely in any way to damage the prestige of their degree, while those who were so incorporated could hardly fail to derive much gratification from being thus recognised by, and connected with, one of the great educational centres of the kingdom.

INQUESTS AND MEDICAL MEN.

MR. R. M. CRAVEN (Southport) writes: I should like to ask whether there is any obligation, either legal or moral, upon a medical man to report to a coroner concerning the death of any person. Are we not all of us medical jurists—educated, examined, and licensed by law as such? Why then shall we consider ourselves called upon to report to the coroner, who is probably a solicitor, and knows far less of the probable cause of death than we do ourselves? Is a coroner's officer (who is probably a policeman) or a coroner's jury, which most likely consists of a few respectable shopkeepers, with one or two offscourings from the adjoining bar-parlour to complete the number, taking the places of absentees who have been warned to attend, more competent to sift evidence, and to express an opinion thereon as to the cause of death than we are?

As Mr. Hussey expresses it, "Some registrars think that, when information of the death is given by the friends of the deceased person, with the certificate from a practitioner, their duty under the Registration Act is to register the death, and the cause of it, as stated in the certificate, without further question."

Registrars who think thus are perfectly right (*vide Births and Deaths Registration Act*), and those who act otherwise, and refuse to register the death when a certificate of a practitioner is produced, are liable to a heavy penalty (on conviction) for their illegal act.

I submit that the medical attendant (who is a legally qualified medical jurist) is more competent than the coroner or his officer to express an opinion on the necessity or otherwise for holding an inquest. Neither the coroner nor the Lord Chancellor has any power whatever to prevent the registration of a death, the cause of which is certified by a practitioner; and it is equally absurd to suggest that a practitioner should, even for an hour, withhold a certificate

"until he has the sanction of the coroner to give it," as Mr. Hussey expresses it, for no coroner has any power or authority either to give or withhold such "sanction."

A medical man who obtains the sanction of the friends of the deceased to such a course, is at liberty to make a *post mortem* examination of the body of a deceased person without any instructions from the coroner, if he considers that such examination is necessary in order that he may arrive at a correct opinion as to the cause of death.

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BOOKS, ETC., RECEIVED.

Lectures on Medical Pathology delivered at the London Hospital, 1885. By H. G. Sutton, M.B. London: Baillière, Tindall, and Cox. 1886.

Food Grains of India. By A. H. Church, M.A. London: Chapman and Hall. 1886.

A Manual of Diseases of the Nervous System. By W. R. Gowers, M.D. Vol. I. London: J. and A. Churchill.

Ambulance Work, Illustrated. Lectures by R. Lawton Roberts, M.D. Second Edition. London: H. K. Lewis. 1886.

The Diagnosis and Treatment of Syphilis. By Tom Robinson, M.D. London: J. and A. Churchill. 1886.

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