Williams that any ill-feeling that exists is the result of the attempt on the part of those who are attached as teachers to medical schools and lying-in institutions, to thrust down the throat of the profession an unpalatable bolus. His letter will do more to make the profession believe that those who are attached to schools as teachers possess interests which are not identical with those of the rest of the profession.

I am, Sirs, your obedient servant,
Hatfield, Jan. 27th, 1895. LOVELL DRAGE.

To the Editors of THE LANCET.

SIRS,—“Every year I issue a more important-looking parchment to students who have achieved honourable mention in my class, which might just as well be called a colourable imitation of a diploma,” is a clause in Dr. Playfair’s letter in THE LANCET of Jan. 26th in his defence of the Obstetrical Society of London for the very proper objection raised by the General Medical Council against that Society as a diploma-granting body. Is it not a fact that all lecturers upon obstetrics in our medical schools award similar “certificates” to those students who have distinguished themselves in that particular branch of the curriculum? Dr. Playfair’s contention, therefore, is somewhat irrelevant, inasmuch that the successful students in obstetrics are entitled to those respective certificates—although they go for nothing; whereas the “certificates,” or, rather, “diplomas” (which are most misleading to the general public, who usually look upon their holders as being legally qualified women), granted by the Obstetrical Society afford them a right to practise midwifery and to sign death certificates for still and premature births, &c., alike, which, I maintain, is fraught with very grave objection. What is easier than for one of those so-called midwives to certify for a premature birth or otherwise in cases where an illegal operation may have been performed by some unscrupulous person outside, unknown to the particular midwife engaged?

If we are to accept the Obstetrical Society’s diplomas to women for the future to practise a branch of the medical profession, why should not men likewise be admitted to their examination?

I am, Sirs, yours faithfully,
J. FRENCH BLAKE.
High-street, Putney, S.W., Jan. 26th, 1895.

"ISOLATION OF CASES OF OVARIOTOMY."

To the Editors of THE LANCET.

SIRS,—Dr. Cullingworth and I have stated our views on this subject, and I am quite willing to leave the matter to the judgment of the profession; but I should like to be allowed to draw attention to the fact that Dr. Cullingworth concedes the point that isolation is useful, after ovariectomy, “for exceptionally serious cases and cases that seem to be taking a markedly unfavourable course,” whilst he makes no attempt to controvert my contention that it is impossible to select these cases with certainty before operation. Hence, if every patient is to have the best chance of recovery, every patient should have the advantage of isolation until convalescence is assured. It seems to me that there is a great danger that the very marked success which follows ovariectomy as a rule may have a tendency to jeopardise, in many ways, the more serious cases. A simple ovariectomy is not a difficult operation, but the diagnosis is never quite certain and the simplest looking case may tax the resources of the surgeon and the vital powers of the patient to the uttermost. I hope I may be permitted to add a cordial acknowledgment of the very kind way in which Dr. Cullingworth has referred to my work in his letter to you, and in the recent debate at the Royal Medical and Chirurgical Society. Such recognition and the manner of expressing it are most gratifying to me, and it is a special satisfaction to think that Dr. Cullingworth and I differ on the isolation question with mutual esteem and goodwill.

I am, Sirs, your obedient servant,
Portman-street, Jan. 26th, 1895. JOHN D. MALCOLM.

THE MEDICAL ENTRIES AT THE UNIVERSITY OF EDINBURGH.

To the Editors of THE LANCET.

SIRS,—My attention has been called to an annotation in your issue of Jan. 26th, headed “The Medical Schools,” in

which it is stated that “the new entries at the Edinburgh University show a total of 136, the number of students on the roll, including the fifth year and upwards, being 1213.” I beg to inform you that these two numbers should be 207 and 1248 respectively. Hoping that you will be good enough to make this correction.

I am, Sirs, yours faithfully,
Edinburgh. J. KIRKPATRICK,
Secretary of Senatus.

** We give publicity to this letter of correction from the Secretary of Senatus of the University of Edinburgh with pleasure. The figures as supplied to us from the University of Edinburgh in answer to an application were as follows:—Number of new students, 136. Students attending the University—first year, 199; second year, 244; third year, 222; fourth year, 241; fifth year and upwards, 307; total, 1213. The return was dated Nov. 15th, 1894, a date which we considered would nearly correspond with the date at which the returns were collected from the London schools. The return would thus be most useful for comparison with our table.¹ The difference in the figures shows the accession to the roll of Edinburgh students that has taken place since the beginning of the current medical year.—ED. L.

THE DENTIST'S EDUCATION.

To the Editors of THE LANCET.

SIRS,—Very considerable alterations should be made in the curriculum of the L.D.S. Eng., not only in the interests of the dental student, but in those of the greater profession to which the specialty is gradually becoming more closely allied. The first step should be to make a third year of hospital study compulsory. At the present time a dental student need only pass two years at hospital, and although he must be signed up for three years’ dental mechanics the third year of this course is usually ignored, and in many cases the apprenticeship is merely nominal. Consequently, many students have to crowd the whole of their education into two hospital years, and even if they get through the examination they are neither likely to prove a credit to their profession nor an unmixed blessing to the community. There is no earthly reason why students should not be compelled to pass a practical examination in dental mechanics before they enter hospital, and this would prevent the possibility of two or three of the best years of a young man’s life being wasted or would throw the onus of his failure on those who accepted the premium for his apprenticeship. Two years of hospital are not sufficient, for in that brief time the hapless dental student has not only to dissect and to attend the lectures and demonstrations required for the second examination of the Conjoint Board, but has also to fulfil an elaborate special curriculum. He must attend lectures on dental surgery (two courses), dental anatomy (two courses), dental mechanics, and dental metallurgy, and every student ought to spend several hours a day between 9 A.M. and 4.30 P.M. in attending patients. He must do hundreds of “fillings,” some of which will take at least three hours each, must learn to extract teeth, must make and fit dentures, regulation plates, and “crowns,” and must, in general terms, acquire manipulative skill of the highest order. Dental students should be considered much cleverer than medical students if they are expected to do all this properly in two years.

The examination for the L.D.S. Eng. is grievously comprehensive and varied, commencing with written papers on anatomy, physiology, surgery, dental anatomy (human and comparative), and dental surgery. Every candidate has a practical examination of about six hours’ duration on dental mechanics and practical dental surgery. At the *viva-voce* he is examined at four tables in succession—viz., anatomy, surgery, dental anatomy, and dental surgery. Nothing but severe cramming can get the candidates ready, and it is the rule, not the exception, to cram for the L.D.S. Eng. No astonishment need be felt at the high percentage of rejections. There is small gain in jumbling together anatomy, physiology, surgery, metallurgy, microscopy, materia medica, dental anatomy, dental surgery, and operative dental surgery in one final test at the end of two years. The examination should be divided into two parts. The first should be held at the end of the second year, embracing all the

¹ THE LANCET, Nov. 3rd, 1894, p. 1051.