

amicable arrangement would be to divide the prize—not in the manner of Solomon and the woman's child, by cutting it in half—but that the coroner who got the warrant in first should have the inquest, and the coroner who got the reading notice first should have the post mortem.

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It is alleged that the regular coroner, from being a corporation surgeon, has a pull on a certain class of accidents. On the other hand, the junior coroner is supposed to sit in with the police, and it is even alleged that in one police station the only name that appears and as it appears is Dr. —, Coroner. The question arises, what advantage does the coroner derive from these inquests? Now, it appears to us that there are three possible advantages. First, the natural desire on the part of the coroner to give the public the benefit of his scientific skill in the aid of justice, provided only that the physician's natural modesty is conserved by the avoidance of all publicity in the press and courts. This is only what we would expect from the high ethical nature of physicians as a class. Second, the pecuniary reward. This, the coroners say, does not recompense them for the time taken up by adjournments, etc. Thirdly, the advertising. Perish the thought, as there is no ethical principle so strongly insisted upon by the profession as that which says in regard to advertising himself, the doctor must, like Cæsar's wife, be above suspicion.

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The above is but one example of the disgraceful condition the present system of competition for in-

quests has engendered — a condition which ought to be put a stop to with a strong hand; and if the medical profession wishes to keep any reputation for decency before the public, they should insist that the city be divided up into sections, each under the charge of a coroner who would hold all inquests within his jurisdiction. We understand that so disgusted has the Crown Attorney become, that he intends taking steps to remedy this scandalous state of affairs.

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### Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Correspondents are requested to be as brief as possible.

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### THE NEW MEDICAL COUNCIL.

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EDITOR DOMINION MEDICAL MONTHLY:

"The King is dead. Long live the King." Such is the fate of kings, and such also is the fate of Medical Councils. In the November number of the *Ontario Medical Journal*, the editor sheds a falling tear over the mutilated remains of the old Council, and the next moment he offers up an editorial prayer for the benefit of their successors. This very sudden repentance and daring trapeze tumble by the editor, is near akin to genius, and for official astuteness it might excite the envy of a Toronto alderman. From the origin of the *Journal* down to the present number, the editor has been the unscrupulous ally of the old Council, and as far as his light went, he defended all their insolent and tyrannical legislation. And now that the old Council is defunct, the versatile editor suddenly transfers his alle-