

THE analyst for Limehouse, Dr. Rogers, has drawn attention to the fact that the inspectors under the Adulteration Act had become so well known to the shopkeepers of the district that it was almost impossible to obtain samples of food and drink which fairly represented the bulk. He was convinced that adulteration was carried on to a considerable extent, and wished the public would aid him in his duties by sending to him samples for analysis. Out of 700 articles tested, not one had been received from the public.

A MOTION was carried at a recent meeting of the Metropolitan Asylums District Board as follows:—"It being desirable to ascertain the relative percentage of non-pauper patients (if any) to pauper patients sent to and treated at the several fever and small-pox hospitals of the managers, the various hospital committees are hereby instructed to cause inquiries to be made at their respective establishments, and to report the results to the managers."

THE United College, including the faculties of Arts and Medicines, in the University of St. Andrews, is in difficulties. A few thousand pounds are needed to repair the deficiency of the exchequer, impoverished by the depreciation of rents. Surely the Medical alumni of this University are numerous, and should be active enough to give substantial help in the emergency.

MR. MICHAEL H. STAPLETON died at his residence in Mountjoy-place, Dublin, on the 30th ult. Deceased was a graduate in medicine of the University of Dublin, a Fellow of the Royal College of Surgeons in Ireland, and formerly an examiner in the latter institution.

A PROPOSITION has emanated from the Kensington guardians that Lock patients should be placed under the care of the managers of the Metropolitan Asylums Board, in the same way as other cases of an infectious character.

DR. GRATTAN, one of the oldest Fellows of the Irish College of Physicians, is a candidate for the representation of Kildare in Parliament; and Dr. Robert D. Lyons, of Dublin, has intimated his intention of contesting that city.

THE death is announced of Dr. W. P. Schimper, corresponding member of the Académie des Sciences, and the author of numerous important geological and botanical works.

## HEALTH OF LARGE ENGLISH TOWNS. TWELFTH WEEK OF 1880.

ENGLISH urban mortality shows a slight increase on the rates which prevailed during the fortnight ending 20th March. In twenty of the largest towns, estimated to contain in the middle of this year seven and a half millions of persons, or nearly one-third of the entire population of England and Wales, 5140 births and 3144 deaths were registered last week. The births were 45, and the deaths 131, below the average weekly numbers during 1879. The deaths exceeded by 69 the slightly increased number of the preceding week. The annual death-rate in the twenty towns, which had steadily declined from 37.0 to 21.4 per 1000 in the six weeks ending March 13th, and was again 21.4 in the following week, rose to 21.9 last week. During the past twelve weeks the death-rate in these towns averaged 25.6 per 1000, against 23.8, 25.1, and 27.4 in the corresponding periods of 1877, 1878, and 1879. The lowest death-rates in the twenty towns last week were 11.7 in Brighton, 17.5 in Portsmouth, 19.3 in Leicester, and 19.9 in Wolverhampton. The rates in the other towns ranged upwards to 23.7 in Liverpool and in Norwich, 24.0 in Manchester, 26.7 in Nottingham, and 32.0, the highest rate during the week, in the borough of Plymouth. Measles continues to be excep-

tionally fatal in Plymouth, and during the twelve weeks of the current year has caused 122 deaths in the borough.

The deaths referred to the seven principal zymotic diseases in the twenty towns, which had risen to 476 in the week ending March 20th from the steadily declining numbers of the previous weeks, fell last week to 424; these included 160 from whooping-cough, 108 from scarlet fever, 80 from measles, and 37 from fever, chiefly enteric. The annual death-rate from these diseases averaged 3.0 per 1000 in the twenty towns. There were no deaths from the seven zymotic diseases registered in Brighton last week. The zymotic rate was but 0.4 per 1000 in Portsmouth, whereas it ranged upwards to 6.6 in Nottingham, and 8.4 in Plymouth. Whooping-cough showed the largest proportional fatality in Salford, London, and Newcastle-upon-Tyne; scarlet fever in Nottingham, Salford, Norwich, and Sunderland; and measles in Hull, Nottingham, and Plymouth. Fever, principally enteric, caused 18 deaths last week in London, 5 in Liverpool, and 4 in Sheffield. The 8 deaths from diphtheria in the twenty towns included 5 in London. Small-pox caused 4 more deaths in London, but not one in any of the nineteen large provincial towns. The number of small-pox patients in the Metropolitan Asylum Hospitals, which had declined from 188 to 171 in the three preceding weeks, were 167 on Saturday last; 31 new cases of small-pox were admitted to these hospitals during last week, against 41 and 25 in the two previous weeks. The Highgate Small-pox Hospital contained 14 patients on Saturday last.

The fatality of lung diseases showed a slight increase last week. The deaths referred to diseases of the respiratory organs in London, which were 315 in each of the two preceding weeks, rose to 333 last week, but were no less than 141 below the corrected weekly average; 207 resulted from bronchitis, and 85 from pneumonia. The annual death-rate from diseases of this class in London last week was equal to 4.7 per 1000, against 5.9 from the same diseases in Liverpool.

## Correspondence.

"Audi alteram partem."

### THE SCOTCH UNIVERSITIES AND MEDICAL REFORM.

To the Editor of THE LANCET.

SIR,—I am glad to find that you give me credit for so much as is implied in your remark that, "if more closely cross-examined," I might "have come out as a very good medical reformer." I have always considered myself a reformer, medical and other, by hereditary as well as personal leanings, and it would be extremely contrary to all my best instincts to attack anything that was really of the nature of a reform, or to defend anything that was of the nature of an abuse. But I hold, none the less, that the so-called reforms set forth in the Government and the other medical Bills before the late Parliament, have been framed with a most reckless disregard of the interests of the Scotch universities; and by this I mean not the interest of the professors, but still more of the students, and of the education and discipline which are the very life of their system. And when it is considered that the extra-academical medical schools in Scotland are becoming every day more and more a part of the university system—inasmuch as their teaching is largely recognised by the universities, and their rivalry is such as to stimulate rather than to antagonise the university schools, to which, indeed, most of the extra-academical teachers look for their promotion when they attain distinction—I think I am not assuming too much in arguing that what is opposed to the interest of the one is also opposed to that of the other.

Now, Sir, I don't wish to boast. It is always unbecoming, and it is not a style of argument very likely to accomplish my present purposes. But surely I may appeal to THE LANCET as having on several occasions borne a very generous and most ample testimony to the efficiency of our Scotch schools, and particularly to the serious diligence with which the work both of teaching and of learning is

carried on in all the three teaching universities. The evidence given by Professor Turner on behalf of Edinburgh, and by Professor Struthers and myself on behalf of the other two, ought, I think, to be accepted as conclusive upon one point at least—viz., that our great prosperity since the Medical Act has not been the result of a lowering of our standard, either of discipline or of examination; but, on the contrary, of a great increase in the thoroughness and stringency of both. I venture to claim for the Scotch universities, for instance, to have been both earlier in adopting, and more resolute and systematic in carrying out, clinical and practical methods of examination and of instruction, than any of the London Boards. This distinction we owe, not to the personal qualifications of our teachers or examiners individually, but to the compactness of our system, which allows of all the means both of teaching and examination being available at one point, as it were; while in London they are distributed over a number of different centres; and it is notorious that the colleges in particular, in dealing with their large numbers of candidates, have found the greatest practical difficulties in even coming up to the demands of the Medical Council in this respect. We are able to accomplish what we do with comparatively little strain, because we have our laboratories, museums, hospitals, pathological departments, &c. &c., all subject to one set of conditions, in one locality, though not necessarily under one roof, or one set of authorities. It is the *university* which is at once the centre, and the regulating principle, round which all these means, so far as they subserve medical education, are grouped. It is the university which, by creating a stimulus and a demand for them, secures like advantages, indirectly, even for the extra-academical schools. And it is mainly owing to the university having within itself the powers of conferring a complete legal qualification, that these means and opportunities, alike for instruction and for examination, have arisen around it, and not as an adventitious growth around individual hospitals, having no relation, in the first instance, with any academic centre.

It is no part of my wish to make invidious comparisons, and I am very far from undervaluing, as all my friends in London and elsewhere know well, the splendid names and labours which have illustrated, and still illustrate, medical science in the metropolis. But the greater the eminence of these individual names, the more it becomes remarkable that a small and thinly-peopled country like Scotland, having a scattered population less than that of London alone, not to speak of England, should have been able to maintain in three separate centres of universities medical instruction, a system of elementary biological training on the one hand and of clinical and practical discipline on the other, which have so largely influenced professional thought and medical and surgical practice, even in the metropolis itself. Let any candid and impartial man cast his eye over the list of London celebrities, and ask himself how many of these have owed some part, or the whole, of their medical education to the Scotch universities. May we not fairly argue that a corrupt tree cannot bring forth such good fruits?

Nor is it any part of my purpose to disparage the English universities, least of all the University of London, the high-class medical degrees of which are justly valued and sought by the most eminent men in London itself and elsewhere. But it is important for my purpose to note that, with all this most legitimate prestige as regards its degrees, the University of London exercises almost no influence, directly, over the medical schools of London. It neither contributes to their status, nor strengthens their discipline, nor interferes with their curriculum of study, nor binds them in any way together in an organised whole. It leaves them, as it found them, what might almost be termed a fortuitous concourse of atoms. In other words, it is not a teaching university. I do not stop here to argue whether this is right or wrong in principle. My own opinion is that the University of London might do an unknown amount of good by affiliating the schools and taking some practical charge of them. But the fact remains that the system in Scotland has been from first to last *not* that of England, or of London; and it will not be denied that the three Scotch universities are at this moment exercising a far more widely diffused influence for good over the whole field of medical education in the profession at large than the University of London, or than all the four English universities taken together. This influence they owe, I maintain, entirely to the fact that they have been always so constituted as to have their degrees practically re-

cognised, while the Medical Act of 1858 enabled them to give a complete and independent legal qualification to practise, and the Universities Act of 1859 raised the status of the Scotch medical degree generally, so as to represent a very varied, solid, and thorough medical training, which only the power of giving a complete legal qualification would have enabled them to exact from their students.

If any of your readers calling themselves medical reformers are ignorant of these facts, or unwilling to acknowledge them, I will respectfully ask them to do one of two things—viz., either to study carefully and impartially the evidence given before the Committee on the Medical Bills on behalf of the Scotch universities, or, still better, to come down to Scotland and see with their own eyes what we are doing, both as regards teaching and examination. But that many English medical reformers and legislators are utterly ignorant of the facts with which they have to do, so far at least as reforms affecting the Scotch universities are concerned, is too manifest to require proof. And it is not at all surprising that it should be so. For while the Scotch system of university medical education is, allowing for national differences, in the main that of almost all Europe, the English system is a thing entirely and absolutely of English growth, and differing from that of all other countries under the sun; and the *double* qualification (which I agree with you in thinking ought to be not *double*, but *single*, and *complete*), is the index, or at least one of the notes, of the difference. In England the medical profession has gradually emerged out of trading guilds, and royal monopolies of practice, conceded to incorporated bodies of physicians, surgeons, and apothecaries. These have all of them done good service in lifting the profession out of the dust, but they have failed to give it, broadly speaking, an academic status. The universities were too high-minded, too expensive, and too socially exclusive, for this work. In Scotland the universities condescended to the wants of humanity in a practical way; condescended, perhaps, too much in the first instance. But they have nevertheless infused into the whole of the medical schools an academic element, which, now that it has been strengthened and purified from abuses by time and the useful legislation of 1859, is an influence of the first importance in all the medical education of the united kingdom. The new legislation proposed, under the name of medical reform, by Englishmen for England, may or may not be suitable for remedying the errors and deficiencies of their “double qualifications;” but, as applied to the Scotch universities, it would be a wholly retrograde measure of “medical reform;” as it would rob them of a legal privilege which is already carefully guarded by statute against abuse, and is the very keystone of their whole system.

To *compel*, by law, our Glasgow University students, for example, to seek a licence to practise elsewhere than in Glasgow, and from a body of examiners wholly unconnected with the university, is practically to disturb and distract mischievously the course of their studies, to relax their academic discipline, and to turn them in the last years of their education from hospital and practical work, to attending grinders’ classes, and getting up grinders’ books. The regular academic training and examinations in Glasgow have not this effect, at least to any considerable extent, because they are carefully founded on what experience, as between teacher and pupil, has shown to be the most practical and most instructive; and the clinical examinations in particular react on the hospital training, so as to give it a thoroughness and regularity which, so far as I know, are unattainable except in a university, which is also a large medical school. The conjoint board system takes no note of these delicate adjustments, delicate alike for the teacher and the pupil, and lying at the very root of the Scotch university system. It simply assumes that all manner of candidates for a medical licence can be uniformly tested by a board as you test herrings in a barrel—i.e., so as to eliminate all that are below a certain minimum; or, as Mr. Simon, I think, put it more politely perhaps, but not more truly, as sovereigns are minted so as to secure a certain average of weight and quality of gold. My reply to this illustration is that it omits altogether to take count of one little circumstance. The herring is there, and the gold is there; the one has been drawn out of the sea, and the other out of the mine; but in neither case has the assaying, or the branding, or the minting any effect whatever on the growth or the production of the article. But the medical graduate or licentiate is the complex re-

sult of, a costly and elaborate system of discipline applied to the mind variously over many years, and the whole course of that discipline is apt to be controlled and regulated by the nature of the tests applied at the end of it. It is not a question of minimum, but a question of the reflex influence of the test. Or, as I said in the Committee, it is not the *minting* of the student, but the *making* of him, that is really of the greatest consequence to all of us, and to the public.

You say, very justly, that raising the base of a pyramid will not diminish the height of the pyramid. Certainly not, if the pyramid remains secure. But raising the base of a pyramid in a rash and inconsiderate way may shake the whole edifice from top to bottom.

I adhere, however, to the general idea of the suggestion I made in my evidence, and which is so far in conformity with the principle, if not of the details, of the modified *Staats Examen* now existing in Germany. If there must be a system of central control over all examinations, emanating from the Medical Council or from any other authority, let the examiners be sent to Glasgow to co-operate with ours, instead of compelling our students to pass a double series of examinations. It is surely more reasonable that the three or four or half-a-dozen men wanted for this purpose should go to reinforce the university examiners, and aid them with their opinion, than that 80, 100, or 150 candidates should be obliged to keep in view two distinct series of examinations where one would suffice. Further, I expect that the board examiners would learn something from us, as well as we something from them, which would be a material advantage, and would enable them to transfer to other examinations the experience gained in ours, and to ours the suggestions arising from other examinations. Finally, I have personally no objection to binding the university, under these circumstances, not to pass, as a graduate, any candidate whom the board examiners would reject. A minimum in this shape would, indeed, do us no harm. But if, this proposal being made, you<sup>1</sup> do not fairly consider it, and endeavour to give it effect, then I say you are bent not on raising the base of the pyramid, but on demolishing the pyramid; not on strengthening the Scotch universities for doing their useful and necessary work, but on destroying that legal position which enables them to do their work effectually; not on medical reform, in any genuine sense of the word, but on a mere arbitrary programme which a certain number of English authorities have agreed upon as suitable for England, and which you insist on our accepting in spite of both reason and common-sense.

I am, Sir, yours, &c.,

Edinburgh, March, 1880.

W. T. GAIRDNER.

## SALICYLATE OF QUININE.

To the Editor of THE LANCET.

SIR,—Salicin, salicylic acid, and salicylate of soda have obtained a reputation in the treatment of rheumatism. But so far as I have been able to ascertain no notice has yet been taken, in this country at all events, of another salicylate, which seems likely to secure a high place in the treatment of that malady—I mean salicylate of quinine.

The first mention I had of it was made to me in a letter by a patient resident with her family in Paris during the past winter. One of her sons had a sharp attack of rheumatic gout. Salicylate of quinine was prescribed for him, and she wrote of the effects as wonderfully rapid and satisfactory. Ten days ago she returned to London and sent for me to attend one of her family, who had suffered severely in their rough passage across the Channel. For three days previously I had been suffering from rheumatism in the left knee and thigh. It had steadily increased to such an extent that I could hardly walk at all; and when I sat down it cost me much pain and difficulty to rise up, and still more to make any progress. My movements were awkward and distressing to myself and to lookers-on. My good friend was very sympathetic. In her usual kind and practical way she ordered me "home to bed," and early next day, as soon as she could get to her boxes, she sent me a note with a bottle of the salicylate of quinine, which she had brought over with her. Pressing engagements prevented me remaining in bed that forenoon. But by four o'clock in the

afternoon I was dead beat, and quite incapable of further work. Between four and five I retired to bed. For two days previously I had fever on me, which had gradually increased, and now my temperature stood at 101°. My usual temperature is 97.5° to 98°. I at once took a dose of salicylate of quinine—twenty centigrammes—as directed on the bottle. In bed I could not move my leg or turn myself without the greatest difficulty and suffering. During the night I perspired freely. Next morning, Feb. 22nd, there were still fever and pain, but the temperature was considerably less. All that day I remained in bed, and I took three doses of salicylate of quinine at intervals of four hours. In the evening and during the night I felt I could move myself altogether with greater ease, and I had a quiet good night. Next morning, Feb. 23rd, I felt completely relieved. To my astonishment (for this was not my first attack), I got out of bed and walked across the bedroom without the slightest limp. The posterior muscles of my thigh certainly felt sore as if they had been severely strained and bruised, but I felt as able for my work that day as if nothing had happened, and I did a long day's work.

On Tuesday, the 24th, I felt really quite well, only, as I was informed, looking very pale and thin. By this time I had finished all my stock of salicylate of quinine, and I did not think it necessary to take any more. However, in three or four days after, I began to feel again a slight soreness and stiffness of the same muscles. This seemed to confirm the necessity for the caution which my kind benefactress laid on me at the first—namely, not to discontinue the medicine too suddenly.

Salicylate of quinine, though not usually employed hitherto in London, is to be procured. The difficulty I have found is to get it easily dissolved, and kept in solution. Mons. L. Midy, a pharmacien of Paris, 113, Faubourg St. Honoré, has made an elegant preparation of this drug. It is one I have used, and I can recommend it. But I have no doubt our expert London chemists will be able also to master any difficulty that may appear at first sight to exist.

I think this is an opportune moment wherein at once to bring the evidently valuable drug to the notice of the profession.

I remain, Sir, your obedient servant,

ARCHIBALD HEWAN, M.D.

Chester-square, March, 1880.

## TYPHOID FEVER IN THE EAST.

To the Editor of THE LANCET.

SIR,—The enclosed letter is interesting in reference to the etiology of typhoid fever in the East and tropics. As you have published others on the same subject, perhaps you will kindly give this a place also.

I am, Sir, yours truly,

J. FAYRE.

Granville-place, Portman-square, W., March 18th, 1880.

Calcutta, Feb. 25th, 1880.

DEAR SIR,—I too have long been of opinion that typhoid fever may have origin in other causes than the filth to which in most cases it is rightly assigned. Or, as I have frequently expressed it, that the problem—given a fever, required a stench—is not universally capable of being solved, and this more especially in tropical and subtropical climates. During a service of twenty-seven years I have treated typhoid fever in the Mauritius, Barbadoes, and Bermudas, and this conviction has gained strength as my experience has extended. I was much pleased to see it obtain the support of your authority.

I have often felt tempted to express my opinion in the medical periodicals, but have been deterred by the difficulty of proving a negative, or of obtaining sufficiently exhaustive evidence to render the position practically unassailable.

Being now separated from my notes, and not having by me a copy of my official report on a severe visitation of typhoid fever from which my late regiment (1st Battalion, 15th Foot) suffered in Bermuda in 1868-69, I can only give from memory a general outline of the facts, which, however, may possess some interest.

The regiment was ordered from New Brunswick to Bermuda in April, 1868, as supernumerary to the garrison, to be employed on the works (fortifications). When we left New Brunswick the frost was still on the ground; in four days we

<sup>1</sup> I trust it is scarcely necessary to explain that I do not mean by you the Editor of THE LANCET, but the originators and promoters of the Medical Bills.—W. T. G.