

THE LAUNDRY

service for these two hospitals is provided for at the Test House, where a large and well-appointed laundry has been fitted up for the purpose of taking the washing from the infirmary, thus providing work for the able-bodied paupers in the union. The soiled linen is removed daily. The bread for the infirmary is also baked in the Test House.

THE GUARDIANS

may feel proud of their infirmary, of which we carried away a most favourable impression. We trust that it will serve as a pioneer in the cause that we have at heart, namely, the nursing of the sick pauper in a manner that bears a common-sense relation to his ailment, irrespective of the fact that he receives such medical relief from the rates. The guardians of West Derby Union have evidently approached the subject in an enlightened manner, and we doubt not that in course of time they will receive the indirect reward of their policy in the decrease of pauperism due to the generous bestowal of medical relief. As we made the round of the building we saw points in which there still lingered the trail of the workhouse system; but we feel sure that in time these marks will vanish, and that our best plan is to leave the matter in the hands of the Board and its advisers.

AXMINSTER BOARD AND THE "BRITISH MEDICAL JOURNAL" COMMISSION.

There are some public bodies who think that they can distract public attention from their own misdeeds by the use of long words spoken in an imperative manner; our friends at Axminster are to be found among them. They speak of the report published in the BRITISH MEDICAL JOURNAL as being "made up of absolute misstatements and gross exaggerations," but we notice that they carefully abstain from specifying any details, though our Commissioner named the defects in a manner which admits of specific contradiction. We accept the challenge, and are prepared to justify the report made; but as we read more of this discussion in the Board we note that the Visiting Committee has recommended various improvements, and so we conclude that the "misstatements and gross exaggerations" have been justified even in the eyes of some of the members of the Board.

POOR-LAW NURSES.

We have before us three advertisements for nurses to work in infirmary wards, and these advertisements again mark the wide divergence of opinion among guardians as to the kind of officer whom it is suitable to appoint. Dorchester Union wishes for a nurse's assistant, not younger than 18, to receive £13 a year; Truro Union seeks for a woman who must have had some experience and training, limit of age not stated, to receive £18 a year rising to £20, she is to act as assistant to the nurse; Stoke Damerel requires a trained nurse (certificated), aged 28 to 40, at £25 a year. At Dorchester we believe there is no trained nurse, and to place a young girl of 18 in such a post is reprehensible; Truro has no trained nurse; Stoke Damerel has 71 infirmary beds in the workhouse, which appear from the advertisement to be nursed by this one nurse under the master and matron. At Loxden and Winstree the Local Government Board inspector said that "for one nurse to attend to about 50 patients by day and night was more than could be expected of any one person; it was more than she could properly perform, and too much of a strain upon her." It is surely time that this question of workhouse nursing was brought into line.

LISKEARD AND THE USE OF THE STRAIT-JACKET.

There appears to have been a conflict of authority between the medical officer and the master of this union, the trained nurse being the buffer. The doctor states that he authorised the nurse to make use of the strait-jacket to restrain a man suffering from senile decay, who stripped himself and alarmed the other patients. The master appears to have ordered the jacket to be taken off, and reported the nurse at the meeting of the Board. This is only one of the many instances in which a master can and does override the orders of the doctor. In this instance we are glad to note that the guardians recorded their opinion that no cruelty had been practised on the patient who was placed in the jacket.

THE SCOTTISH UNIVERSITIES.

The statistics of passes and failures in the preliminary examinations in arts, sciences, and medicine in the four Scotch Universities have just been published. Taking the statistics as they apply to medical students only, they show a total number of candidates in the four universities of 290, of whom 160 passed. At the different universities the numbers were:

St. Andrews: Candidates, 2; passed, 1. Glasgow: Candidates, 107; passed, 55. Aberdeen: Candidates, 42; passed, 27. Edinburgh: Candidates, 139; passed, 77.

These figures include all candidates whether entering for all or only one of the four subjects of the examination. In Glasgow 95 (out of 107) entered for all the four, in Aberdeen 39 (out of 42), in Edinburgh 125 (out of 139). Taking only the

candidates entered for all subjects of the examination the percentage of passes is as follows: St. Andrews, 50; Glasgow, 52.6; Aberdeen, 64.1; Edinburgh, 55.2. These figures may be taken to mean that in Aberdeen either the preliminary education of the candidates is of a higher order or that the test is not so severe.

It is interesting to compare these figures with those of last year, and the comparison is shown in the following table:

Universities.	Candidates.		Failures.		Passes.	
	1894.	1895.	1894.	1895.	1894.	1895.
St. Andrews ...	8	2	4	1	4	1
Glasgow ...	89	107	56	47	31	55
Aberdeen ...	33	42	22	15	10	27
Edinburgh ...	121	139	68	62	52	77
Totals ...	250	290	150	125	97	160

Thus the statistics for March-April, 1895, show an increase of 40 candidates and an increase of 63 passes over those of September-October, 1894.

ST. ANDREWS UNIVERSITY AND DUNDEE COLLEGE.

A REJOINDER.

PROFESSOR BELL PETTIGREW writes: I have had my attention directed to an article from a correspondent, headed as above, in the BRITISH MEDICAL JOURNAL of date May 25th, 1895, containing a number of statements so inaccurate and misleading, and so unfair to St. Andrews University, that I deem it my duty to inform your readers as to the actual facts. I deal with the statements *seriatim*.

COMPARISON OF CLASSES.

Under this heading a table is given purporting to give class attendance in St. Andrews and Dundee for a year taken at random. The number of students attending the United College, St. Andrews, is given at 172, and those attending the Theological College, St. Andrews, at 36; the day students attending University College, Dundee, being set down at 168. In this connection I would observe that a very small proportion of the day students attending University College, Dundee, are *bonâ-fide* matriculated students aiming at graduation. According to St. Andrews University returns published in March of the present year (1895), the numbers were as follows:—Matriculated students attending the St. Andrews Colleges, 199; matriculated students attending University College, Dundee, 50. There is, I would point out, a very considerable difference between 50 and 168. In reality, the 168 day students said to be attending University College, Dundee, are not students in the ordinary university sense, more than two-thirds of them being mixed, ordinary day scholars.

The table given by your correspondent is misleading in its details. It gives the number of students attending chemistry at University College, Dundee, as 64; the real number, according to the University returns referred to (March, 1895), being only 18. The table gives 19 as the number of students attending anatomy at Dundee—the real number is 10. It states the number of students attending physiology at Dundee as 6—the real number is 3. It makes out the number of students attending physiology at St. Andrews as 9, and your correspondent states in another place that the class of physiology at St. Andrews varies from 3 to 11.

It is right to inform your correspondent that for the five years prior to 1890, when the Scottish Universities Commissioners commenced their work and when an attempt was made to transfer science largely and medicine wholly to Dundee, the average class attendance in physiology at St. Andrews was 17.

Under the heading

PHYSIOLOGICAL EQUIPMENT AT ST. ANDREWS, your correspondent, with very questionable taste and certainly with no regard to truth, does his best to traduce the

physiological equipment and teaching at St. Andrews in favour of both at Dundee.

He leads your readers to infer that nothing has been done for physiological teaching at St. Andrews since 1411, the year the University was founded. He says "the appliances at St. Andrews consist mostly of wax models of portions of the body, several drawers full of home-made diagrams, a human skeleton, and a model of the human body made to open and shut with delicate springs and screws" . . . "a few fetuses of different animals in spirit, some pathological specimens with sundry other preparations commonly met with in board schools." . . . "Two large boxes could be made to contain all the apparatus, including a few microscopes."

I wish to inform your correspondent, and all whom it concerns, that the physiological laboratory at St. Andrews contains the physiological equipment actually employed in teaching human and comparative physiology by such celebrated physiologists as Dr. John Reid and Dr. George Day, both of whom occupied in succession the Chair of Medicine and Anatomy at St. Andrews.

As regards the diagrams (nearly 800 in number), they are not home-made, as your correspondent asserts, but executed by the best artists, the collection embracing that of the late Professor Saunders—a famous Edinburgh teacher. As regards the microscopes, they are 30 in number, and not "a few," as stated by your correspondent.

In addition to the foregoing, there are over 1,000 very fine microscopic specimens, illustrating every department of physiology.

There are also most of the modern instruments for physiological research claimed for Dundee and so much praised by your correspondent, such as electric batteries and appliances, galvanometers, modern time-recording apparatus, tambours, sphygmographs, telephones, phonographs, laryngoscope, ophthalmoscope, acoustic apparatus, models and preparations of the eye, ear, brain, and nervous system (human and comparative), injecting apparatus, reagents and stains, spring manometers, refrigerators, hatching appliances, a Zeiss's projecting microscope for enlarging and throwing microscopic specimens on the screen, a zoopraxiscope (the only one in Britain) for showing animal movements in a darkened room by the aid of the oxyhydrogen light, etc.

It will be seen that the physiological laboratory and the physiological teaching at St. Andrews are not in the miserable condition which your correspondent, ignorantly and apparently of set purpose, tries to make out.

It is, no doubt, a little disconcerting to your correspondent that in Dundee, with a population of 150,000 or thereby, so little advantage is taken of the vaunted Dundee Physiological Laboratory and supposed advanced teaching. Dundee seems to have everything but students. A class of three in physiology cannot be regarded as a triumph in a population of 150,000!

Under the heading

EFFECT OF ADDITIONAL CHAIRS,

your correspondent, continuing his disparagement of St. Andrews equipment in favour of the Dundee equipment, says: "This contrast is exceedingly striking, and might be carried still further if the other departments of practical science were compared in the two Colleges."

As a matter of fact the equipments in chemistry, natural philosophy, and zoology are better in several respects at St. Andrews than at Dundee; and there are, in addition, a teaching botanic garden and a marine laboratory at St. Andrews which do not exist at Dundee. He then says, "students and their guardians are quick at recognising such distinctions." Let me add, with the result that much the larger number of students are sent to St. Andrews.

He then endeavours to throw cold water on the proposal to found additional medical chairs at St. Andrews, and asserts that "the number of students who could be found willing to study medicine in so remote a district would probably be small."

It may interest your readers to know that for nearly a century St. Andrews has never lacked medical students, and that the ancient University, as the crow flies, is only some eight miles from the Dundee College.

University College, Dundee, is fired by a noble ambition to

elevate the status of the St. Andrews medical degrees. That institution should begin by reforming itself. It has failed in almost everything it has attempted.

If it was performing its relative or fair share of academic work, and attracting students in the same proportion as the St. Andrews Colleges, it ought to have had last session (1894-95) an attendance of 119 matriculated students instead of 50.

In reality, the Dundee College is performing less than half its relative share of the academic work of St. Andrews University—a circumstance not a little surprising, and extremely difficult to account for considering the enormous population of Dundee as compared with St. Andrews. The Dundee College, even in its youth, is in a semi-moribund condition, and it is, moreover, considerably in debt.

Under the heading

THE ARTS QUESTION

your correspondent claims for University College, Dundee, "a single definite avenue within the College towards the M.A. degree, which shall at least enable students who conform to the curriculum to take this degree without being obliged necessarily to go to St. Andrews."

In plain English, University College, Dundee, aspires to being a complete and rival University to St. Andrews. That institution claims to give a complete course of arts, to teach the whole of medicine, and the major portion of science. The only thing it proposes to leave St. Andrews is the honour and privilege of graduating the few students taught at Dundee. After Dundee the deluge.

Your correspondent is churlish over the Berry Bequest of £100,000, left lately to the University of St. Andrews, and the number of bursaries in the gift of St. Andrews. He bemoans that "no fewer than sixty-six of these bursaries amount to over £20. In addition to these there are ten scholarships averaging £70 a year. Ample though this would appear, it has been proposed to devote part of the Berry Bequest partly to founding new chairs in anatomy and materia medica, and partly to founding new scholarships and bursaries to the extent of nearly £1,100 a year all guarded against any use being made of them for purposes of study at Dundee."

St. Andrews University, under the enlightened guidance and advice of University College, Dundee, is reproached for spending its own money as it thinks best! What next?

Lastly, your correspondent deals with the "emoluments" at St. Andrews. Nothing about the ancient University pleases him. He says the Professors wish to employ a portion of the Berry Bequest to increase their annual incomes. This is quite legitimate, and was intended by the late Mr. David Berry, who bequeathed the legacy.

Further, that "no proposal appears to have been made to use any of this bequest for the permanent equipment or development, either by way of endowing useful or special branches of science or literature, or such subjects as are unrepresented at present both at St. Andrews and Dundee."

This is the reverse of the truth. I myself proposed there should be set apart annually from the interest of the Berry Bequest:

£450 for a Berry Chair of Anatomy.

£350 for a Chair of Materia Medica.

£420 for fourteen Medical Bursaries.

£500 for a Chair of English Literature.

£50 for the upkeep of the United College Museum.

£30 for the expenses of the Students' Union.

Various other sums for additional buildings, equipments, etc.

The salaries of the St. Andrews Professors offend your correspondent. They range from £450 to £650 a year. Prodigious in his eyes no doubt; still they are not large.

The 1877 Scottish Universities Commission recommended that no Scotch Professor should have less than £600 per annum.

The St. Andrews Professors are certainly not paid too much for the work performed by them.

It may interest your correspondent to learn that the teaching at St. Andrews costs considerably less than at Dundee.

At Dundee, during the session 1894-95, nine Professors were engaged in teaching fifty matriculated students. The cost

for the teaching of each student was £83 10s. The salaries of the Dundee Professors are certainly not too large, but the excessive expenditure for the teaching staff is due to the fact that the Dundee Professors, on an average, had during last session less than six students each.

Your correspondent has a parting fling at the LL.A. diploma of St. Andrews. He says "the peculiar product of St. Andrews, called the LL.A. degree, ensures an additional income."

Spleen and discourtesy can scarcely go further. The LL.A. was started by St. Andrews University some ten years ago, and has given an enormous impetus to all kinds of learning in Great Britain and other countries.

It has proved an increasing success and includes ancient and modern languages, literature, art, science, etc. It is equivalent to the M.A. degree when the seven M.A. subjects are taken.

It embraces such subjects as Latin, Greek, French, German, Italian, music, history, geography, moral philosophy, English literature, mathematics, natural philosophy, physiology, hygiene, chemistry, botany, zoology, geology, astronomy, fine art, etc.

The success of LL.A. of St. Andrews induced the University of Edinburgh to give an L.A., which is in every respect a similar degree, and nothing but good can be said of the new degrees as conferred after severe examinations by both Universities.

THE APPROACHING REVISION OF THE BRITISH PHARMACOPŒIA.

MEMORANDUM ON THE BRITISH PHARMACOPŒIA.

BY THE
THERAPEUTIC COMMITTEE OF THE BRITISH
MEDICAL ASSOCIATION.

D. J. LEECH, M.D., F.R.C.P., Chairman.

NESTOR TIRARD, M.D., F.R.C.P.,
RALPH STOCKMAN, M.D., F.R.C.P.E., } Hon. Secretaries.

As it has been announced that a new edition of the *Pharmacopœia* is in course of preparation, the Therapeutic Committee thinks it desirable to set forth its views concerning certain points which seem to it to require special attention.

It is proposed to adapt the new edition of the *Pharmacopœia* to the use of our colonies and dependencies by introducing alternatives to many of the drugs now official, suitable to their varying requirements. Besides this, it will be necessary to make official many of the therapeutic substances recently introduced and not infrequently employed, and also some of the new forms in which medicines are now commonly administered.

Yet an increase of the size of a *Pharmacopœia* is to be deprecated on several grounds. A bulky *Pharmacopœia*, abounding in detail and containing not only the medicines in general and common use, but also those occasionally employed, may serve some purpose as a work of reference; but it is not likely to be used as such by the members of the medical profession, for it cannot contain the exact kind of information they require.

Moreover, a *Pharmacopœia* of large size will not be used in the daily work of the practitioner, for he will not bear in mind its contents. The greater the amount of unnecessary detail it contains, the less will he use it.

Further, although it is quite true that the *Pharmacopœia* is not written with any educational view, so far as the student is concerned, yet the relation of the *Pharmacopœia* to medical

education has an important bearing on its employment by medical men. The knowledge which a practitioner has of the *Pharmacopœia* is largely dependent on the extent to which his work, whilst a student, is associated with it. But the numerous claims on the time and memory of the medical student and the size of the present *Pharmacopœia* have caused some Examining Boards to require a knowledge of only a portion of the drugs and preparations now official, thereby implying that the remainder are of such little value as not to require attention.

Other Examining Boards, on the contrary, make all the substances and preparations in the *Pharmacopœia* the subject of examination, notwithstanding that a not inconsiderable number of them have admittedly fallen into disuse.

If the present *Pharmacopœia* be increased in bulk there is some probability that it will be even less employed than heretofore.

The *Pharmacopœia* is primarily intended "to afford to the members of the medical profession and those engaged in the preparation of medicines throughout the British Empire one uniform standard and guide whereby the nature and composition of substances to be used in medicine may be ascertained."¹

The body of the work should include all such remedies as the existing state of medical practice requires.² It should contain the methods of preparation in so far as these are of service to the medical profession and those engaged in the preparation of medicines, with the weights and measures by which they are prepared. It should contain, too, descriptions of the remedial agents included, such as may afford a clear indication of what they are intended to be, and enable those engaged in their administration to determine their identity and purity;³ yet it should be of such size that it may be fully known and used by the members of the medical profession in their daily work, and it should, if possible, be so arranged as to form the basis of that information concerning drugs which medical men require to fit them for their daily work.

With the view of fulfilling these requirements in the new edition three modifications are necessary: (i) elimination; (ii) alterations; (iii) additions.

I.—ELIMINATION.

Elimination may be carried out in three directions:

- (1) By the omission of drugs now but little used, and of superfluous Galenical preparations.
- (2) By the exclusion of methods of preparation of medicinal substances found in commerce.
- (3) By the omission of other details which seem of no value either to chemists or medical men.

(1) OMISSION OF DRUGS AND GALENICAL PREPARATIONS.

It has been often said that whenever it is suggested to omit a substance from the *Pharmacopœia* someone is sure to assert that this is a drug which he finds very serviceable. This may be true: but it does not seem a sufficient reason for retaining drugs which are not in common use, since the omission of a drug from the *Pharmacopœia* in no way prevents a practitioner ordering and obtaining the drug for his patient. The older remedies ought no more to be retained because they are much used by a few individuals or even in a few localities than new remedies ought to be introduced for the same reason.

The Committee has deemed it desirable to make a systematic inquiry as to the extent to which certain drugs and preparations have fallen into disuse, and into the comparative frequency of employment of some compounds which possess similar properties. For this purpose a list of the principal drugs and Galenical preparations concerning which information was needed, has been submitted to the members of the British Medical Association, with a request that each member should indicate whether he uses these drugs often, rarely, or never. Of this list 12,490 copies have been issued, and about one-half have been returned; the replies from 5,609 have been available, and have been tabulated as follows:⁴

¹ Preface, *British Pharmacopœia*, p. xii.

² *Ibid.*, p. xii.

³ *Ibid.*, p. xiv.

⁴ A certain number of members stated that they knew so little of these preparations that they were unable to tabulate the frequency of employment.