

hopeless dulness. Belief in each other's integrity of purpose seems to me essential to our eliciting truth by discussion; and I see no reason why I am to suspect another of being less mindful of our common duty to humanity, because he tries to relieve suffering or to prolong life by some means in which I have not the same confidence." (P. 605.)

This quotation proves that, while Dr. West never hesitates to differ from his fellow-labourers in the same field wherever he believes difference to be necessary, he does so in a liberal spirit, and in full recognition of the honesty of purpose of those from whose opinions he dissents. We must now conclude our notice of this book; in which, indeed, we have been obliged to leave unnoticed much that it would probably have been interesting to place before our readers. That we have so far departed from our rule of but briefly noticing works which have passed through several editions, is due to the fact that, through some accident, Dr. West's work has not hitherto received in this JOURNAL that attention which was due to it. Perhaps, however, this previous omission is scarcely to be regretted, inasmuch as it has given us the opportunity of noticing the latest—and sometimes the changed—opinions of so eminent an authority. Dr. West deserves well of the profession, and especially of those interested in the subject of which he treats, for having so ably laid before them the results of his own large experience. The book is one which gives its author a place in the highest rank of those who have in recent years laboured to increase our knowledge of the diseases of women.

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THE INTRODUCTORY LECTURES.

THE Introductory Lectures given at the different Medical Schools, abstracts of most of which will be found in our columns, present an interesting subject for a passing study. Looking beyond the immediate occasion, they give us an opportunity, not afforded in any other way, of obtaining a glimpse of the minds engaged in the important work of medical teaching; of seeing, also, what subjects, occupying the attention of the profession, bear especially on the interests and prospects of those just entering it. We may derive from them also indications of educational changes needed, or of the working of those recently made.

Keeping in view the men to whom these lectures are more particularly addressed, we feel almost intuitively that the duties and responsibilities of the profession, its labours and rewards, the bearing and importance of the various studies, the necessity for regular and persevering work, and the best methods of pursuing this work, with exhortations to honest purpose and an upright life, should form the staple topics. Whatever these subjects may be to others,

they are to the numbers of new students each year brought up to London to a certain extent new. They may, at least, impress upon them new force through the individuality of the lecturer; and there can be no question that, in many instances, good and permanent impressions are so produced. We think it, therefore, an excellent sign that so many of the orators have disregarded the almost inevitable risk of finding many of their good things already said; and that, remembering the time when they, too, were entering upon a new career, they have dwelt much upon the points mentioned. The tone of these discourses is thoroughly earnest; they could come only from men who feel the responsibility of their position, who love their profession, and who have given much deep thought to their work. We need not characterise the different styles, which present considerable variations; some aspiring to eloquence (those of Dr. Braxton Hicks and Dr. Down, for instance), others inclining to the philosophical (as that of Mr. Callender); the older hospitals giving an opportunity for an appeal to history, and to great names associated with them, which was effectively used.

As was to be expected, the Army Medical Service was a prominent topic. The unanimity of the profession on this subject cannot fail to catch the attention of our legislators; and we venture to predict that, in the absence of any general cause of excitement, the next session of Parliament will not be very old, before the authorities at the War-office are called to a reckoning, unless, indeed, they are wise in time, and grant the concessions demanded.

With regard to professional education, the teachers seem disposed to halt for a time and test the recent changes. With one exception, all seem to regard them as in the right direction, and complain only of the imperfect application of them by some of the corporations. There is one decided want, however, which we should fail in our duty to omit to mention, that is of some more general efficient system of clinical instruction; this cannot be too fully and openly recognised, in order that a remedy may be found without delay.

BANTINGISM.

MR. BANTING may, we think, be considered a fortunate individual. He has given a name to a system; he has occupied the public attention to a degree which, we imagine, has given him surprise and satisfaction. He no doubt enjoys the consciousness of being a public benefactor; and he has even had the gratification, at a very cheap rate, of appearing before the world more or less in the character of a martyr. He has, in reality, been the means of doing good, though in a way not exactly such as he imagined. He has obtained for the profession a hearing on the subject of dietetics; and, not to mention the

numbers of medical men who have spread their sheets to the favouring gale, has given to scientific experimentalists the opportunity of turning to more immediate account the results of their valuable labours.

Our readers are familiar with the points of Mr. Banting's system. He has recently supplemented his original statements by the information that a given quantity of loaf-sugar per week will add nearly double the amount to his weight. In this he is supported by the of course not very philosophical testimony of Mr. Mechi, who, on the strength of his experience, recommends sugar for the fattening of cattle. Mr. Banting further states as a fact, to him inexplicable, that, on commencing his system, the most remarkable loss of weight occurs within the first four and twenty hours, amounting to two, three, or more pounds; and he concludes that, as a matter of course, this loss and the gain from taking sugar represent so much fat, leaving out of account altogether the varying amount of fluid in the tissues of the body.

The truth is, that considerable variations in the weight of an adult are the rule, and not the exception; and the conditions influencing these have been so ably stated from careful experiment by a Fellow of the Royal Society, in a letter to the *Times*, that we are tempted briefly to reproduce his statements. Before and after a meal, before and after voiding the excretions, there is, of course, a marked difference—not improbably overlooked by some of these amateur experimentalists. Again, a man is always one or two pounds lighter in the morning than over-night, from loss of carbonic acid and water from the lungs and skin during the night. The Sunday's repose and the Sunday dinner make a difference of three or four pounds in the weight of a man of active habits, the food not being worked off by exertion. A sudden frost, by constringing the cutaneous capillaries, by rendering combustion more active, and by increasing the flow of urine, brings down the weight. A thaw, on the other hand, causes the skin to fill with blood, the extremities to swell, and, especially when evaporation is hindered by a saturated condition of the atmosphere, increases the weight. Hard work on a hot day will reduce it. In nearly all these cases, the difference in weight is due to the greater or less quantity of fluid retained in the body. The accumulation or removal of fat is a much slower process. It will gradually disappear under the influence of a diet from which fat, sugar, and starch are excluded, and especially when exercise is combined; but, for its formation to any considerable amount, a constitutional predisposition must exist. Some persons would make fat under no circumstances short of the Dahomian system of enforced inaction and cramming with oleaginous food, or would die rather than fatten under this. When the disposition is present, it will be encouraged by all the fatty constituents of

food, animal or vegetable, and, to a less extent in proportion to the amount taken, by starch or the sugars; these substances either undergoing a change of deoxidising character which converts them into fat, or supplying readily combustible material, and allowing all the fat eaten to be stored up. As we can take larger quantities of starchy and saccharine than of fatty matters, they may actually supply more of the material from which adipose tissue is formed; though, weight for weight, they would yield less than fat. Experience teaches us, however, that fats nearly identical in chemical composition give very different results when taken as food; and starch and sugar have not necessarily the same value as foods because they are both hydrates of carbon. To take the number of grains of nitrogen and carbon as the sole point of comparison between different diets leads to the most fallacious conclusions. By remembering that differences in weight may be due to fluid, as well as to fat, we may estimate the value of the facts with which Mr. Banting and others are kind enough to furnish us.

The *Times* has on several occasions roundly accused the medical profession of complete ignorance of the subject of dietetics, and concludes that the experiences of Mr. Banting are as new to it as to general society. We could refer to numerous authors to show that the principles of this branch of science have been accurately laid down, and all Mr. Banting's facts anticipated before he came into the world; and recent observers (we would here name especially Dr. Edward Smith), by a course of experiments carried out with scientific rigour and untiring perseverance, have ascertained the exact nutritive value of almost every article of diet. The profession has nothing to learn from Mr. Banting except the good results of applying practically the vast stores of information at their command.

On the evening of the 13th instant, a new Special Hospital, or rather a Course of Clinical Lectures at a new Hospital, St. John's Hospital for Diseases of the Skin, was inaugurated with considerable *éclat*. The medical staff and their supporters, properly wise in their generation, show a knowledge of the means by which success is to be sought in the present day. A saint lends his name. A large room at the Westminster Palace Hotel is engaged for the opening lecture; the attractions of a *conversazione* are added; and a numerous company invited. They may be congratulated on the result so far as it is indicated by the numbers who attended. The address, delivered by Mr. Erasmus Wilson, F.R.S., consisted mainly of an account of the origin of the hospital, and the want it was intended to supply. Of course, much liberty of speech is allowable on an occasion like this; but we can scarcely agree

with all that was said. Cutaneous medicine has not been so utterly neglected in London as seemed to be implied. Witness the advertisements in the *Times* from day to day. Moreover, completely to ignore the long established and well known Hospital for Skin Diseases at Blackfriars, was neither judicious nor fair. Special hospitals are the order of the day; and, without conceding to this all that was claimed for it, or to the colleague of Mr. Wilson the transcendent virtues he attributed to them, we may acknowledge that they are ambitious and energetic, and wish the new institution a good position among the Special Hospitals of London.

OUR readers will have already seen with sorrow, in the daily papers, accounts of the fearful plague of fever which has, at Bermuda, so rapidly carried off many of our army medical officers. These gentlemen—non-combatant officers, forsooth!—were sent from Canada to combat as deadly an enemy as soldier could encounter in fiercest war, and have fallen in the work, doing their duty as nobly as the man who mounts, in a forlorn hope, the deadly breach! Facts like these would, one might think, make even the cheek of double-dyed red-tapism blush, and its ears tingle, when it reflects upon the injustice and the indignity which it still attempts to impress upon the branch of the service to which these noble fellows belong. We record with pleasure what the world says of these men and their work. Will Parliament longer permit the Horse Guards to deal unrighteously with a service that produces such heroes?

The *Montreal Herald* of September 24th says: "Not many days ago, it was our duty to mention the departure from this country of a number of military surgeons ordered to Bermuda, to render such poor aid as medical skill can afford to the many sufferers in that island attacked by yellow fever. On Saturday, official information was received that Dr. Clarke and Dr. Milroy have succumbed before the fatal epidemic. Surgeon-Major Barrow has also been taken down by disease; but we believe that in his case the attack was complicated by dysentery, and at last accounts he was reported to be recovering. Dr. Fergusson, also of the 30th, has been attacked, and was not out of danger when the last advices came away. Out of eleven surgeons who left this city on the 17th ult., we have had within thirty days the intelligence that five have been assailed by the fever; and that two, if not three, have died."

"THE LATE DR. CLARKE, 15TH FOOT. This young officer, who has perished among the seven military surgeons in the epidemic at Bermuda, is the second of one family in the Army Medical Department who has lost his life in the service. His brother, Assistant-Surgeon William Clarke, of the 35th Regiment, when the other two officers were killed in the affair at Arrah, in India, and the men were retreating, drew his sword and rallied them until shot down himself mortally wounded. John Clarke served throughout the war in the Crimea, including the Alma and Inkerman, through the whole of the Indian campaign under Sir Hugh Rose. His services in the Crimea were considered great, and he was

brought to notice in dispatches in the Indian mutiny. He was generally beloved and respected by both officers and men, and had made many real friends among officers of very high rank. He died September 4th, 1864."

"THE LATE DR. MILROY. The name of this excellent young officer is now added to the melancholy list of those brave men who have fallen at Bermuda in the discharge of their humane but extremely perilous efforts to stay the progress of a terrible visitation. His career has been comparatively brief, but marked by devotedness to his country's service, and distinguished eminence in the studies belonging to his profession. He entered the army at the outbreak of the war with Russia, and continued throughout all that memorable campaign. Bravely did he fulfil his duties in the battles of Alma and Inkerman, under the fire of the enemy, and in the trenches before Sebastopol; for which services, in addition to the Crimean and Turkish medals, he was decorated with the Order of the Medjidie. On the termination of the war, he continued with his regiment in Ireland, the Mediterranean, and for the last three years in Canada, where he is well known, and has left many devoted friends. To his fellow-officers he was greatly endeared by his gentleness of manner, fine cultivated taste, high honour, and genial disposition; while the private soldiers of the 30th held him in affectionate veneration for his unwearied efforts to advance their comfort and intellectual and moral improvement."

MR. SYME, speaking of clinical teaching, makes the following remarks respecting the proper remuneration of medical instructors. It is gratifying to us to see that so great a surgical authority and so well known a teacher is not above taking a sensible view of medical education, and viewing it from its material aspect.

"So long as both the instruction and attendance are regarded as matters of course, and certified by the surgeons collectively in favour of every student who pays his fee for admission to the hospital, it would be vain to expect anything better than the present system of sham. In Edinburgh, clinical instruction is more highly remunerated than any other department of medical tuition; since, the fees being the same for all, while the clinical lectures are delivered only twice instead of five times a week, a student pays two shillings for each of them, and not more than tenpence for any one of the others. If reform is really desired, it should be founded on the concentration of responsibility and the adequate remuneration of service rendered."

THE following suggestions for the custody and sale of poisons have been made in a report of the medical officer of the Privy Council.

"1. That none but qualified persons, educated to the trade of druggists, should be allowed to vend by retail drugs or medicines capable of acting as poisons. 2. That the sale of poisonous drugs by chandlers, grocers, oilmen, drapers, or small shopkeepers, should be strictly prohibited. [A licence might, if necessary, be granted, enabling these persons to sell certain specified medicines used by the poorer classes.] 3. That the sale of arsenic, strychnia, and other specified poisons should, after a certain date, be restricted to pharmaceutical chemists and licentiates of the Apothecaries' Society. Any other persons acting as druggists not to be permitted to sell them, until they have proved their knowledge of poisonous drugs

by undergoing a proper examination. 4. Under no circumstances should boys or girls, or persons who cannot read or write, be permitted to sell poisonous drugs. 5. Some rules are required for the management of a licensed retail trade in poisonous drugs. No youth should be allowed to dispense or sell them who is not above the age of eighteen years, and who has not been for at least one year engaged in the practice of pharmacy, under a pharmaceutical chemist or licentiate of the Apothecaries' Society. This restriction not to be applied to one who has passed an examination either at the Pharmaceutical Society or at Apothecaries' Hall, as to his knowledge of poisonous drugs. 6. That poisonous drugs and medicines having a similar colour and appearance should not be kept near to each other in similar bottles, drawers, or boxes, with similar labels. 7. That less facility should be given for the purchase of arsenic, strychnia, and other deadly poisons, which can be used for the purpose of suicide or murder. 8. That no poisonous drugs should be sold to girls or boys under the age of twenty years, on any pretence whatever; and that, in all cases of purchase, there should be a witness of adult age. 9. All poisonous drugs sold should be distinctly labelled with the name of the drug, the address of the vendor, and the date of sale. 10. That noxious substances, such as arsenic, corrosive sublimate, sugar of lead, and tartar emetic, and others of the like nature, when stored in large quantities in casks or packages, should be distinctly labelled, and kept apart from other substances of an innocent kind which they resemble."

THE Directors of the British Medical Provident Fund held their first meeting at the Freemasons' Tavern on the 20th instant. There were present: The President (Dr. Richardson) in the chair; T. H. Smith, Esq.; R. B. Carter, Esq.; E. Daniell, Esq.; H. Veasey, Esq.; Dr. Bryan; Dr. Chevallier; Dr. Armstrong; Dr. Collet; T. T. Griffith, Esq.; Dr. P. W. Latham; T. Paget, Esq. (Leicester); John Clay, Esq.; Dr. Fayrer; C. F. J. Lord, Esq.; Dr. E. Waters (Chester); Dr. A. P. Stewart; Dr. Desmond; and Dr. Falconer (Bath). It was decided that the Fund should be thrown open to the whole profession; and that the question as to the limitation of age to 60 should be referred for consideration to the Executive Committee. It was also decided that the benefits of the Fund should extend to disability from accident, but not to partial disability; and that, for the first two years of the existence of the Fund, no member should insure for more than £100 *per annum*. There are still six Directorships to be filled up. Mr. Westall was appointed Treasurer, and Dr. Henry Secretary, of the Fund. The Guarantee Fund already amounts to about £350.

M. BRIQUET, in the name of himself and of MM. Louis and Barth, read to the Academy of Medicine a report on a paper of Dr. Gintrac of Bourdeux, "On the Contagiousness of Typhoid Fever".

"There is," says the report, "in typhoid fever, as in all other communicable diseases, a question of theory and a question of fact. Let us first note the chief circumstances attending contagious diseases.

1. Typhoid fever arises primitively under the influence of divers conditions. It becomes afterwards communicable. Thus, of the twenty-eight general diseases which are contagious, twenty-one arise in a similar manner, and afterwards become contagious. 2. All contagious diseases are transmitted by the agency of a visible or invisible germ. The germ of typhoid fever is invisible, as are the germs of seventeen of the contagious diseases. 3. All contagious diseases have a period of incubation, as has typhoid fever. 4. Contagious diseases, at some period or other of their progress, show signs of their presence in the skin or mucous membranes. Typhoid fever shows such signs. 5. Most of the contagious diseases rarely occur a second time in the same person. The question of fact may also be disposed of in a similarly definite way. In the hospitals of large towns, facts of communication of the disease are rare; but they are not so rare in private practice. Yet they are only observed in a limited way in isolated cases, and in small localities. And, under this head, communicable diseases may be arranged in two classes. Some of them are readily communicable, such as small-pox and measles; whilst others, as dysentery, hooping-cough, erysipelas, and amongst these typhoid fever, are only communicated under certain conditions of the atmosphere, intensity of the disease, or defect of aeration."

The reporter, after making some remarks on the typhus of the bovine species of animals, gives an account of the facts detailed in Dr. Gintrac's paper.

"The first—a female—patient arrived in ill health from a district and from a house where typhoid fever existed. She had returned to her family, and into a district where there were no patients; and immediately afterwards the fever breaks out in the house, and attacks several persons. Besides this, several of the relatives, or those who had acted as nurses, and were previously in good health, were successively seized with the fever. And, lastly, three persons, who had contracted the disease by communication, dispersed into different localities, where no fevers existed; and there, after their arrival, typhoid fever declared itself in each of the families into which these three persons had entered. It may be added, that the villages indicated were the only ones in which the fever had shown itself."

M. Gréant asserts, that the results concerning the capacity of the lungs, obtained through experiments on the dead body, are never correct. The pulmonary capacity depends upon the elasticity of the diaphragm and of the walls of the thorax; and this elasticity does not exist after death. He, therefore, determines the pulmonary capacity by the inhalation of hydrogen. Hydrogen, on the least inspiratory effort, penetrates into the smallest bronchia. By analysis of the expired gases, he obtains the capacity of the lungs.

In a late discussion on fever, M. Bouley, the veterinary surgeon, remarked, that it was a complete mistake to suppose that the typhus fever of cattle resulted from faulty hygienic conditions or from crowding of the animals. This typhus arose in the steppes of Eastern Europe, and there only. The disease is unknown in France, in Austria, and in Prussia, thanks to a strictly guarded sanitary frontier.