

TREATMENT OF OBESITY.

M.D. writes, with reference to the criticisms of "L.R.C.P.": The essential feature of the first period of Mr. Towers-Smith's treatment, as I understand it, is an exclusively animal diet. The quantity is a matter of indifference, and is left to individual eating capacity. "L.R.C.P." asserts that I reduced my fat by semi-starvation. The term implies a denial of appetite, a privation. Now there was nothing of this; I ate as much as I had appetite for. Again, a pound of steak and a pound of white fish contain between them more than 400 grains of nitrogen, and more than 1,600 of oxidisable carbon. There was sufficient mineral matter in the shape of common salt and the salts contained in the meat. For drink, enough of good drinking water. For a man practically taking no exercise, this is not "semi-starvation" diet. The only element in defect is the carbon, and of carbon I had already too much stored in my body, and wanted to get rid of it.

In the second and third periods, semi-starvation is out of the question. I had then a hearty appetite, and indulged it, yet one half of the entire reduction was obtained in these two periods.

The only point, therefore, in which I left the lines laid down by Mr. Towers-Smith, is that of the hot water. I believe it ought to be taken in order to dilute the nitrogenous waste, and thus relieve the kidneys. I agree with "L.R.C.P." that safety is the first consideration, and in this respect my case is of some value. I inherit a strongly rheumatic diathesis, and have suffered from rheumatism in the acute and subacute forms. This would seem to contra-indicate the nitrogenous diet; but the treatment has done me much good, and no harm at all that I know of. To a patient with diseased kidneys the treatment would be highly inappropriate, but no one would think of prescribing it in such a case.

Let the method of "L.R.C.P." and that of Mr. Towers-Smith, as judged by the results in his case ("L.R.C.P.'s") and mine, be put before a patient thus. "You can be relieved, to a certain extent only, by six months of an easy and comfortable treatment, or (2) you can be completely relieved in two months at the cost of some little discomfort and self-denial."

A person really suffering from obesity, and "L.R.C.P." admits that he was not really suffering, would probably not hesitate long between the two alternatives.

MALTA FEVER.

SURGEON ALLAN PERRY, M.S. (Woolwich) writes: I have to take exception to Surgeon Bruce's able paper on the above subject in one particular, and that is "the fever of Malta is identical with the so-called rock fever of Gibraltar." Of Malta fever I know nothing, but if Malta and Gibraltar fevers are one and the same, then Malta fever can be nothing more nor less than enteric. The symptoms of Malta fever, as described by Dr. Bruce, coincide with those found in the fever of Gibraltar, and in the latter the appearance of typical spots is by no means an uncommon feature; not that the appearance or non-appearance of spots has much weight for or against the fever being enteric any more than the temperature chart, the so-called relapses, and sequela have, for I suppose no physician would say a given case of fever was not enteric because it did not follow absolutely the classical description of that fever in the textbooks.

A study of Gibraltar fever for nearly four years, with a large clinical experience, and the experience of about 100 necropsies, has convinced me that rock fever is enteric fever; in not one of the *post-mortem* examinations did I fail to find the typical lesion in the Peyer's patches and solitary glands of the intestine, and in all the mesenteric glands were enlarged, congested, or breaking down. A peculiar feature in the condition of the mucous membrane and coats of the ileum, seen in cases of the fever of about two or three months' duration, is that the whole of the mucous membrane appears greatly thinned, with extreme attenuation of the coats, so that in microscopic sections the peritoneal and muscular coats are sometimes only visible. To the naked eye at this time a Peyer's patch has a "shaven beard" appearance, that is, the mucous membrane being gone, the acini filled with *débris* look like clusters of minute black points; this condition is well described and illustrated in the medical report of the American war, and the cases were then diagnosed as being those of the "fever of armies"; it is certainly to be supposed that these were cases of enteric fever, and not cases of Mediterranean fever occurring on the continent of America.

LOW FEES.

DR. J. B. RICHARDSON (Torquay) writes: A week or two ago I received a circular from the Commercial Travellers' Association, asking me to become their medical officer. The terms offered were 2s. 6d. a visit, which was to include medicine, etc. I wrote saying it was impossible to expect any medical man of standing to undertake the duties at the price, as the chemist would expect from 1s. to 1s. 6d. for each bottle of medicine, etc., and that night work should be remunerated considerably higher. In their answer they stated that a double fee might be allowed for night work, but that they were not prepared to give anything more, and they enclosed a list of well-qualified medical men who had joined their society. I wrote saying I was unable to accept their terms. I suppose someone else will be asked. When will our profession learn to stick together?

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BOOKS, ETC., RECEIVED.

An Elementary Text-Book of Chemistry. By William G. Mixter. Second and revised edition. London: Macmillan and Co.

The New Review. Edited by Archibald Grove. London: Longmans, Green and Co.

A Practical Guide to the Climates and Weather of India, Ceylon and Burmah, and the Storms of Indian Seas.

Lectures on Bright's Disease. By Robert Saundby, M.D. Edin. With Fifty Illustrations. London: Hamilton Adams and Co. 1889.

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