

argued that as the pancreas is supplied with nerves the fact that the digestive juice is secreted independently of their control is in itself an argument in favour of their influence upon the internal secretion, as otherwise the nerves would be almost functionless. I admit that the action of supra-renal extract in the production of glycosuria is obscure, but for reasons given in my lectures I still think that, notwithstanding the experiments on birds quoted by Dr. Langdon Brown, a direct action on the pancreas is the simplest explanation. It is possible, however, that the action is similar to that of phloridzin. With regard to the criticism that if the fat is converted into sugar it cannot appear in the blood unchanged (liphæmia), I pointed out that in normal conditions fat appears to leave the cells in which it is contained by a process of resolution and re-formation, but that in certain circumstances (? rapid excretion by the cell) droplets of fats are extruded unchanged. I therefore suggested, or intended to suggest, that the formation of sugar in diabetes was analogous to, or identical with, the former process, while the appearance of fat in the blood—a rare condition—was an instance of the latter. Both could occur simultaneously either in the case of individual fat-cells or in different cells. As to the source of sugar in starving animals treated with phloridzin, is it proved that in a starving animal every particle of fat can be removed from the body? My recollection of the classical experiments of Voit on this subject is that in an animal which had been starved to death it was found that 97 per cent. of the fat had disappeared. In a starving (living) animal there should therefore be over 3 per cent. of fat still present. Consequently I do not think that the experiment with phloridzin upon such an animal proves the origin of sugar in proteid. The possibility of such an origin I explicitly admitted in my lectures and I must adhere to the conclusion there expressed that time and further observations are needed to settle the matter.

May I take the opportunity of adding that it has been pointed out to me recently, in answer to a question of mine, by Dr. Walter G. Smith of Dublin, that it is possible by a series of chemical substitutions to obtain sugar from glycerine, and according to Thomson and Bloxam's text-book such sugar is identical with glucose. Apologising for the length of this letter, which I have condensed as far as possible,

I am, Sirs, yours faithfully,

Harley-street, W., June 5th, 1905.

W. CECIL BOSANQUET.

THE ALTERED TREATMENT OF PNEUMONIA DURING THE LAST QUARTER OF A CENTURY.

To the Editors of THE LANCET.

SIRS,—When I was a student of medicine I studied under, amongst other celebrated teachers, Dr. R. Dwyer Lyons, who was a Doctor of Medicine, Fellow of the College of Physicians, ex-president and Fellow of the King and Queen's College of Physicians, and M.P. for the city of Dublin. He was amongst the first rank in his profession as a sound practical physician and was connected with the medical and fever divisions of the Richmond, Whitworth, and Hardwick Hospitals, where I had every opportunity of witnessing his successful treatment of pneumonia. Dr. Lyons usually prescribed quinine internally (which he regarded more or less as a specific), coupled with suitable expectorants, and later iodide of potassium, but above all and everything else he had great faith in, and invariably ordered, "blistering" locally over the portion of the lung or lungs affected. The results were always so encouraging and satisfactory that I can only remember of a single instance of death (if that can be called one due to pneumonia), in an alcoholic subject, a man, aged 56 years, in whom the post-mortem examination revealed disease of the brain, liver, and kidneys, as well as grey hepatitis of the lungs. My experience, extending over a quarter of a century in a large practice in Suffolk, is this: that during the first 15 years of that time, when I prescribed as above described, recovery invariably took place and that during the remaining ten years when I practically discarded "blistering" the results were not so uniformly satisfactory. I reluctantly discontinued counter-irritation by means of large blisters for two reasons—viz., that I found that most text-books and books of references on medicine disapproved of that mode of treatment and, secondly, I should a consultant be

called in as a second opinion he would in all probability also join in disapproval, holding to the opinion that an open surface caused by a blister was contra-indicated in a disease believed by many to be but a local manifestation of a general blood poisoning, which theory I am inclined to believe is only true in the minority and not in the majority of cases.

To sum up, blood-letting in general has gone out of fashion and has been boycotted or discarded by the medical profession; now comes the turn of blistering, so that we have jumped in half the life-time of many practitioners from one extreme to the other.

I am, Sirs, yours faithfully,

H. IVERS KIRKPATRICK.

June 4th, 1905.

SOME CONSIDERATIONS CONNECTED WITH THE RELATIVE IMMUNITY OF THE JAPANESE ARMIES FROM TYPHOID FEVER.

To the Editors of THE LANCET.

SIRS,—Referring to the leading article with this title in THE LANCET of May 20th, p. 1365, I think we may go further than merely to "surmise that the diet of the Japanese, no less than their admirable tactics of precaution, has saved them from the scourge of typhoid fever." I think there is now sufficient evidence to show that all infections, and especially those of the alimentary tract, are much less liable to attack vegetable feeders and abstemious individuals in general, such as are the Japanese, than those of the same class, whatever their nationality, who indulge in animal food and alcohol. Japanese soldiers, by reason of their simple diet, splendid physical training, and excellent education in hygiene, are better able to resist the devitalising conditions inseparable from a lengthy campaign than are their fellows of Western nations. In addition to the hereditary advantages conferred on the Japanese through the simple and physiological lives of generations of their ancestors, due import must be accorded to the manner in which they individually avail themselves of the modern benefits discovered by preventive medicine. In this connexion it is reported that each soldier carries a supply of pills containing creosote, and takes one after each meal as a precaution against diarrhoea. He is thoroughly instructed in the modes of infection of typhoid fever and dysentery and what is known of their prevention, and he promptly and rationally receives and acts upon this knowledge.

I am, Sirs, yours faithfully,

London, May 31st, 1905.

D. SOMMERVILLE, M.D.

THE PETITION OF THE LICENTIATES OF THE SOCIETY OF APOTHECARIES TO THE GENERAL MEDICAL COUNCIL.

To the Editors of THE LANCET.

SIRS,—Most of the signatories to this petition will have learned by this time that the General Medical Council considers that it has no power to alter the designation of the Licentiates as desired. I am sure that I am voicing the feelings of the majority when I say that we thank the Council for the sympathetic way in which it received the petition and for the careful consideration which was given to it. There is one member, however (Dr. Norman Moore), who, if he is correctly reported, hardly treated us fairly when he hinted that we desired to claim titles which had not been earned. Surely it cannot justly be said that a person who has passed the examination in medicine, surgery, and midwifery at the Society of Apothecaries desires to assume an unearned title when he wishes to be registered as Licentiate in Medicine, Surgery, and Midwifery of that society. I do not know to what he referred when he said "they constantly heard that people who had passed a certain examination were quite as good as those who had studied at the University and who had the degree of doctor." The remark does not appear to be relevant to the subject of our petition.

I am, Sirs, your faithfully,

A. RIVERS-WILLSON,

Oxford, May 30th, 1905.

Chairman of the Petition Committee.