

This table is equally applicable to workhouse dietary.

Dr. Smith then describes the influence of certain modifying circumstances, determined in part by his own labours, and in part by the observations of Mr. Milner, surgeon to the Wakefield County Gaol, given in a paper read before the British Association, and published in the *Sanitary Review*. These are, age, sex, size, season, conformation, and employment. Mr. Milner has shown, in reference to age, that a dietary better than that of the highest class in county prisons was excessive in old age, whilst it was insufficient to maintain the due growth of the body at the age of seventeen. Persons of unusual height, and of a girth of thirty-four inches and upwards, lost weight in a rapidly increasing ratio. The duration of imprisonment had no marked influence. In reference to the waste of carbon by the tread-wheel labour, Dr. Smith has proved that, with a quarter of an hour's work, the increase over that of the state of rest was more than five times; and, with alternations of work and rest during seven hours and a half, it was three times.

In reference to seasons, Dr. Smith has proved that the system is at its lowest state of vital action at the end of summer; and Mr. Milner has shown that his prisoners gain weight from May to September, and lose during the other months.

The general regulations recommended by the author, are as follows:—

1. The supply of food must meet the wants of the system.
2. Variations in quantity of nutriment with duration of imprisonment, and from day to day, are unnecessary; provided the quantity at first supplied be suited to the wants of the system.
3. Growing persons must have a sufficient excess of food to maintain the development of the system, whilst to old persons less food may be supplied. Persons of unusual size demand an increased supply of food.
4. From December to April, both inclusive, the quantity of food should be one-sixth greater than during the other months.
5. The supply must vary day by day with the labour exacted. The breakfast should be as good a meal as the dinner, and especially with hard labour; and the treadwheel should not be worked before breakfast.
6. With hard labour, the meals should not be too bulky, so as to impede respiration.
7. Other things being equal, the cheapest articles should be preferred; and hence potato should be supplied more sparingly, and peas more plentifully. Dr. Smith commends the use of unsifted flour, ground and made into bread, under efficient superintendence, in the prison.

Reviews and Notices.

CLINICAL LECTURES ON THE PRINCIPLES AND PRACTICE OF MEDICINE. By JOHN HUGHES BENNETT, M.D., F.R.S.E. Third Edition, with Four Hundred Illustrations on Wood. Pp. 1005. Edinburgh: Adam and Charles Black. 1859.

It is only a few months since we reviewed the second edition of this admirable work; and now we have a third edition, its bulk augmented by some fifty pages—an ample testimony to the opinion of the profession as to the sterling merit of the work.

There is but one other work on the principles and practice of medicine which can for a moment be compared with Dr. BENNETT'S; and that, of course, is Dr. Watson's now celebrated work. We think, however, that Dr. Bennett has one advantage over his great rival: his form is more practical, and, as we think, more likely to impress students. It does not do, it is true, to rely too much upon individual portraits of disease, if we may so term the cases given in the former work, inasmuch as no two cases are exactly alike. On the other hand, it will not do to generalise our descriptions too widely, as we may do this to such an extent that the student may not be able to diagnose a disease when he sees it. The happy medium is, we think, hit by Dr. Bennett: he first gives the general features of a disease, and then he describes two or three well marked illus-

trative cases. To the student of medicine this is by far the most satisfactory method. Another valuable feature in his method of teaching is, that he gives the treatment in full, even to prescriptions. This may seem to be teaching too much; but we should like to know how the young medical man, who has just left the lecture-room, is to treat disease at all, unless he have some guide to direct his unused steps. We venture to say that the few years between actual studentship and full practice form the most uncomfortable and the most unsatisfactory portion of a medical man's life; and then it is that he requires, if you will, even routine practice, until he sees and learns how to act by the bedside.

The philosophical and inquiring spirit in which this volume is written adds not the least charm to it. As Dr. Bennett well says, "Our previous impressions of the action of drugs and of various modes of the treatment have become altogether changed;" and we may add, that Dr. Bennett has not been one of the last to point out that many of our old gods are false gods; and that we must no longer rely upon precedent or tradition, but that we must apply a new system of therapeutics to a new and advanced knowledge of physiology and pathology. In this sense, this volume blows the first note of the revolution that is coming in the practice and science of medicine.

OUTLINES OF HUMAN OSTEOLOGY. By F. O. WARD. Second Edition. Pp. 440. London: Henry Renshaw. 1859.

THIS little volume has for so long a time been the pocket companion of the medical student, that it requires little aid from our pen. In these days of illustrated editions, many may prefer Mr. Holden's volume on anatomy, as affording, through the means of its woodcuts, a shorter cut to a knowledge of human osteology than any other. Possibly so; but, if clearness of description, beauty of language, and philosophical thought, ought to be ingredients in a book for students, we can say confidently that no book ever published on this subject at all approaches this volume by Mr. WARD, which is now presented to the profession in a new and improved form.

A SYSTEM OF DENTAL SURGERY. By JOHN TOMES, F.R.S. With 208 Illustrations. London: John Churchill, New Burlington Street. 1859.

If a man could make himself a dentist simply by reading, we should say that this volume would be all that was necessary for the student of this speciality. We have rarely met with a book which combines the theoretical with the practical more admirably than does this one; in fact, it exhausts the subject. To the very large class who practise dentistry, whether as a speciality in surgery or as a merely mechanical art, Mr. TOMES'S volume will be invaluable; inasmuch as it not only gives the last word of science, but the last products of mechanical skill as regards implements connected with the subject, which have been brought to light by Continental, as well as by American and British dentists. The woodcuts are admirably executed; and the paper and type are as excellent as in the rest of Mr. Churchill's valuable manuals.

THE TREATMENT OF OBSTINATE ULCERS AND CUTANEOUS ERUPTIONS IN THE LEG, WITHOUT CONFINEMENT. By HENRY CHAPMAN, F.R.C.S. Third Edition. Pp. 161. London: John Churchill. 1859.

THIS little volume has now reached a third edition, and has deservedly become popular with the profession. There are no slight surgical diseases which produce a greater amount of discomfort than obstinate ulcers; and we think Mr. CHAPMAN has done good service in devoting a little volume specially to the subject.

REPORTS IN OPERATIVE SURGERY. Series the Third. By RICHARD G. H. BUTCHER, M.R.I.A., Surgeon to Mercer's Hospital, and Lecturer on Clinical Surgery. With numerous Illustrations. pp. 50. Dublin: M'Glashan and Gill. 1859.

THIS pamphlet is a reprint from the *Dublin Quarterly Journal of Medical Science* for February 1859, and contains an account of some interesting cases operated on by Mr. BUTCHER. The limitation of our space prevents us from giving an analysis of the cases related; we therefore will merely commend the book to the favourable notice of all operating surgeons.

British Medical Journal.

SATURDAY, MAY 28TH, 1859.

MEDICAL SOCIETIES AND OUR BRANCHES.

If the reader will only run his eye over the list of provincial Medical and Scientific Societies to be found in the *British Medical Directory*, he will become aware of the fact that there are a large number of small associations throughout the country, whose objects, to a certain extent, are identical with those of the British Medical Association. In nearly every county, besides the Branch of the Association, there is to be found either a local Medical Society, meeting at stated times for the reading of papers and the discussion of medico-chirurgical topics, or a Medico-Ethical Society, established for the purpose of maintaining professional honour among its members. Now, it does strike us, that there is much loss of power in this duplicate system, which is disadvantageous to the progress of medicine. Surely one large provincial Medical Society would be infinitely better than two or three small ones; and, as far as we can see, consolidation would lead to a considerable saving in working expenses.

Let us take the county of Yorkshire, for instance. In this district there are at least six medical societies; viz. the York Medical Society; the York Medico-Ethical Association; the Bradford Medical Society; the Bradford Medico-Ethical Society; the Huddersfield Medico-Ethical Society; and the Sheffield Medical Society. Yet all these scientific bodies, which must lose much of their power and utility by isolated existence, are within easy call of one of the largest Branches of this Association—the Yorkshire Branch; and what is more remarkable, in the majority of cases, very many of their members are also members of the larger association. It certainly does strike us that, with a little management, a concentration of all this dissociated power might be made, very advantageously for all parties. Why should not these various societies affiliate themselves to the Association as sub-branches of the Yorkshire Branch? By so doing, their power, both in a scientific and in a social point of view, would be greatly augmented. The Salopian Medico-Ethical Society has already given notice of its intention to join the Shropshire Branch of the Association; and we hope its example will be taken by the numerous other societies of a like nature throughout the country.

We require to localise, as far as possible, medical meetings; but to centralise and organise their power. Now, this can readily be accomplished by means of the machinery our Associ-

ation already has in existence. Our Branches would easily accommodate all the working bees to be found among us. We are convinced that it only requires a little exertion on the part of individuals to amalgamate a large number of these outlying societies with the British Medical Association. Like separate globules of mercury, they would coalesce with the larger body on a very slight provocation. Why, for instance, should not the Brighton and Sussex Medico-Chirurgical Society form the nucleus of a sub-Branch of the South-Eastern Branch? The Chester Medical and Ethical Society, again, is too provokingly near the Lancashire and Cheshire Branch to hold itself aloof. The West Kent Medico-Chirurgical Society must find itself crossing the path of the Rochester and Gravesend District Meetings of the South-Eastern Branch, which have of late so increased its members. The East Sussex Medico-Chirurgical Society moves also in the orbit of the South-Eastern Branch, and might well resolve itself into the central system. The Leicester Medical Society, and the Nottingham Medico-Chirurgical Society, should each properly belong to our Midland Branch. The Manchester Medico-Ethical Association would act with far greater weight if it were a part of the Lancashire and Cheshire Branch. The Southampton Medical Society, again, would dovetail very well with the Reading Branch; and the Plymouth Medical Society with the South-Western Branch.

What we mean is, not that these local societies should absolutely have no action beyond that imparted by the general movements of the Branches into which they were incorporated; but that each should form, as it were, a division of a Branch, subject to the regulations and enjoying all the privileges of the larger body and of the Association; but having the power of meeting as often as convenient for the discussion of subjects connected with medicine. How this plan has worked for the good of the profession and of the Association, may be inferred from the success of the district meetings in West Kent, held in connection with the South-Eastern Branch.

We most certainly wish there was a greater spirit of the Propaganda among our associates; if so, we need only to point out the innumerable points afforded by the Association for friendly aggression upon neighbouring societies, to ensure a very large augmentation of our power. The Association has of late taken upon itself a fresh growth. We have been making new wood, if we may so speak, both in Scotland and Ireland; and the time is come, we think, for a vigorous attack upon our own provinces—these floating nebulae should be attracted into the central sun of our Association. The order of the day among medical men is organisation and centralisation. Without this latter principle, we shall never become a powerful body in the state; and with it, we may do nearly what we like. The law and the church have from time immemorial acted upon this knowledge, and we see the consequences—the two Houses of Parliament permeated by their influence. If vigorously worked, we see in the future of this Association a much larger share of influence than it has yet enjoyed; but to bring this to bear, we must not neglect to strengthen our tent-poles and to lengthen our tent-cords. We have pointed out one way in which our associates can work towards this desirable end, and we trust that “annexation” will be a more familiar term among us than it has yet proved to be.