

You state that “the drainage of the whole place is defective.” Now, so far as Hove is concerned, this statement is distinctly challenged as being not only misleading, but positively untrue. May I be permitted to ask, by what means you ascertain that “the drainage of the whole place is defective”? So far as can be ascertained, the drainage of Hove has never been examined by any commissioner on your behalf, and therefore it would be interesting to those having charge of the public drains, to know what foundation there is for such a sweeping assertion. The Hove sewers are laid at such angles, and have placed at each charge of gradient and direction an inspection shaft fitted with a ladder, so that examination is easy and can be made at any time. I should therefore be glad if you would do now what you should have done previous to condemning a system of drains about which you know absolutely nothing—viz., send down a competent and impartial authority to judge whether or not the public drains are “defective.”

With regard to the ventilation of the sewers, it is effected by open gratings placed at frequent intervals in the centre of the road—at present, in my judgment, the best known practical means of effecting this object—for it would be impossible to give reasons in a communication of this length, but they are set forth fully in a paper on the subject read by me before the Association of Municipal Engineers at Liverpool three years ago. Undoubtedly smells arise from open ventilators, which render them disagreeable and prejudice the inhabitants against them. As to the efficacy or otherwise of this mode of ventilating sewers, I would simply remark: (1) that along the route of many miles of sewers so ventilated in Hove, during the past six years there has only been one authenticated case of death from typhoid fever; (2) that in the street where the death from blood-poisoning occurred *the sewer was not ventilated by open ventilators*, being, in fact, a sewer belonging to a private individual. It had not been constructed by, nor was it maintained by, the public authorities. It has since been cleansed and ventilated by large open shafts. I should be happy to offer your representative every facility for personally inspecting the sewers, and in conclusion would draw your attention to the fact that, notwithstanding your statement that “the place is a very hot bed of pestilent sewer gas,” and that “perpetual peril remains,” the death-rate of Hove for the past six years has averaged less than 15.0 per 1000.—I remain, Sir, yours, &c.,

E. B. ELLICE-CLARK, Assoc. M.I.C.E.,
Engineer to the Hove Commissioners.

April 4th, 1882.

ACONITIA.

To the Editor of THE LANCET.

SIR,—It has been so frequently stated during the last week or two that there is only one case of poisoning by aconitia on record, that it may be as well to mention that in THE LANCET of November 13th, 1880, four cases are referred to. Professor Plugge of Gröningen, in his paper read before the International Medical Congress, “Sur l'Activité léthale des différentes Espèces d'Aconitine,” mentions a case recently under the care of Professor Huisinga and himself. In Bouchardat's “Annuaire de Thérapeutique,” 1881, M. Desnos records the case of a gentleman who was nearly killed by the substitution of one kind of aconitine for another. In Gubler's “Leçons de Thérapeutique” an excellent account is given of the clinical uses of aconitia; and Oulmont, in his paper “De l'Aconit, de ses Préparations et de l'Aconitine considérés au point de vue thérapeutique” (an abstract of which appears in the *Progrès Médical* for 1879, p. 968), calls attention to its value for the relief of the pain of paraplegia.—I am, Sir, yours faithfully,

Weymouth-street, W.

WILLIAM MURRELL.

“FOREIGN BODY IN THE ŒSOPHAGUS FOLLOWED BY SURGICAL EMPHYSEMA.”

To the Editor of THE LANCET.

SIR,—In your issue of April 8th is the report of a case under the above heading, in which the explanation of the production of the emphysema, given by Mr. Morgan, seems to me not altogether satisfactory. Mr. Morgan gives undue prominence to the hypothesis that the air found its way into the neck through some tracheal rent, not mentioning any other route by which it might have travelled. Under

pressure a weaker structure gives way before a stronger. Is it not more probable that the breach occurred in some small or terminal bronchus rather than in the trachea itself? If such were the case, the air would track along the connective tissue sheath of the bronchus till it reached the root of the lung, then, diffusing itself through the mediastina, pass up out of the thorax into the neck. The method of its production would be the same as in the emphysema of the neck and trunk, which occasionally takes place in young children suffering from whooping-cough, whose lungs are the seat of interlobular emphysema, only, of course, in this case being that of an adult, the absence of all interlobular tissue excludes alveolar rupture as a cause. This explanation suggests itself to me from what I saw in a patient who died from hydrophobia, in whom, violent expiratory efforts taking place during spasmodic closure of the glottis, extensive emphysema of the neck, face, and upper part of the thorax supervened. In my case there was no apparent rent in the trachea, or in any of the larger bronchi, and the only conclusion arrived at was that some terminal bronchus had given way, the emphysema being caused as above stated. In Mr. Morgan's case the foreign body by its presence would likely enough set up some spasm of the glottis, provoking at the same time powerful expiratory efforts in the form of cough. Again, by its actual bulk it may have compressed to some extent the trachea, especially as the cartilages are imperfect posteriorly, and so lessening the calibre of the windpipe, would increase the intra-pulmonary pressure. On the whole it seems to me much more probable that the thinner bronchus would give way before the stouter trachea, the pressure on both being much the same. I offer this explanation, as Mr. Morgan does not seem quite satisfied with his own, and because to me it appears more reasonable than that already given.—I am, Sir, yours truly,

W. T. WYATT, M.A., M.B. Oxon.

Stamford-hill, April, 1882.

“MODIFIED LISTERISM.”

To the Editor of THE LANCET.

SIR,—Mr. Turton, of Heckmondwike, in his letter in your issue of the 1st inst., recommends the use of carbolic oil, strength 1 in 20, with a covering of carbolic tow as a modification of Listerism, and as an efficient wound dressing.

As an old dresser of the late Mr. Callender, I wish to state that the use of any other dressing in his wards was exceptional. A piece of gutta-percha tissue was usually placed between the oiled lint and the tow or “marine lint.” I desire not so much to point out the claim of the above most eminent surgeon to be the greatest exponent of this system of dressing wounds—as that will readily be allowed by all old Bartholomew's men, at least of the last ten years, as well as by most well-informed surgeons—as to draw attention to the fact, which he was always anxious to impress on his pupils as well by his practice as his words, that carbolic oil becomes all but inert as an antiseptic dressing after being kept a few hours. His method was to have carbolic acid and olive oil, side by side in the ward, to be mixed in their right proportion (in his wards about 1 to 12), a few minutes only before the dressing was applied. His cases almost always did well, as his statistics in the hospital reports will show.

I think the disuse of carbolic oil dressing in hospitals is mainly due to the fact that the mixture is sent up to the wards in large bottles from the dispensary, and kept there till used up, sometimes for weeks or even months. If any person will compare the appearance and smell, especially the latter, of a freshly made sample, with those of one that has been kept for a month or more, he will at once be aware of a great difference; and if he will further make a trial, by treating similar cases with the two sorts, he will be convinced of the deterioration of the mixture in antiseptic qualities after being kept.

Mr. Callender was fully persuaded that a change in composition took place in the carbolic oil in a comparatively short time, though I have heard him state that he was not able to explain it on chemical grounds. I may add, that I have mentioned the facts to more than one noted chemist without being able to obtain any suggestion as to the decomposition or reaction, if any, which takes place. If any of your readers can supply such a one they will, I am sure, confer a benefit on surgery.

I am not aware that this point has before been discussed. If

this method of dressing wounds can be reinstated in the good opinion of the profession, it will prove a great boon to the general practitioner, as all the appliance needed for carrying it out is a small phial of liquefied carbolic acid, carried in the pocket, as the oil can be found in the remotest hamlet known to country practice. I may add, that Mr. Callender, on uncovering a wound, always had ready a camel's hair pencil, dipped in the prepared oil, and with this lightly brushed it over immediately on removing the dressing, thus forming an antiseptic film, effectually protecting the surface from the contact of air-borne germs.

I am, Sir, yours obediently,

FRANK M. POPE, M.B. Cantab.

Leicester, April 10th, 1882.

To the Editor of THE LANCET.

SIR,—In your issue of April 1st there is a letter on the above subject, recommending its adoption in general practice. I am willing to admit that the method of dressing recommended will succeed as a clean, easy, and beneficial plan of treating most wounds, but the results must not be put down to Listerism, as we at present understand that treatment. If your correspondent will try the means of dressing wounds so ably recommended by Mr. Sampson Gamgee of Birmingham, he will be equally well pleased and have quite as good results, obtainable not so much by the antiseptics used as by the method of application of the material dressings.

In a paper of mine on "Surgical Dressings in Private Practice," published in a contemporary, is recorded a case of femoral hernia treated according to Mr. Gamgee's plan with very satisfactory results, and in speaking of this mode of treatment I observe: "His dictum of rest, drainage, and pressure, if duly carried out, will save much time and trouble, and show results comparable with the antiseptic method. Absorbent wool made antiseptic by means of carbolic, salicylic, or boracic acid or by terebene, is much nicer as a dressing to a tender wound than either tenax or carbolic tow, but in this mode of treatment any of these form absorbent dressings." In my cases lately at our local infirmary I have tried salicylic silk as recommended by Mr. McGill of Leeds, and can also speak of this as a nice light dressing in surgical cases.

I am, Sir, yours truly,

W. BERRY,

Surgeon to the Royal Albert Edward Infirmary, Wigan.

Wigan, April 3rd, 1882.

THE DRAINAGE OF LONDON.

To the Editor of THE LANCET.

SIR,—His Royal Highness the Duke of Connaught has recently drawn attention to the dangers which may be incurred by a too implicit reliance on the safety of the supervised drainage of a residence in the country, such as Bagshot Park.

Now, Sir, London boasts of its excellent drainage system, and we, like most other Londoners, were under the impression that the boast was not a vain one, at any rate, so far as regards the leading thoroughfares. We have been awakened from our delusion by the following facts:—We occupy premises in King William-street, City, and having cases of suspicious sore-throat in the house, we sent to our plumber's to examine the drains. On inspection, it was found that the sewage was, and had been for some years, accumulating under the basement. We immediately communicated with the Guildhall office of the Commissioners of Sewers, and the sanitary inspector of the district paid us a visit. We then learnt to our amazement that the officials at the Sewers Office were well aware that we had no outlet. It appears that although a splendid new sewer runs down the centre of King William-street, the houses are not connected with it, but still communicate with old brick drains which run down each side of the street, and these have been known for some time to be blocked. On our inquiring if it were not the duty of the sanitary authorities to have informed us and others of such a state of things, we are told that it is not so considered at the office, but that householders, in their opinion, should be allowed to find it out for themselves, as they must necessarily do within a short time, presumably through illness. We are frankly informed that inasmuch as some houses in the street have already had

their drains connected with the main sewer in consequence of ill health in their establishments, the old brick drain, so far as they are concerned, has been cut off, and therefore those still draining into it must of necessity be blocked.

We write in the hope that by calling attention to the matter our neighbours and dwellers in the large thoroughfares in the City may not wait until illness enlightens them, but may ascertain without delay whether they also are not living in false security, and in ignorance that London is worse drained, so far as some of its principal streets are concerned, than the most filthy of obscure continental cities.

We are, Sir, yours faithfully,

RIDGWAY AND CO.

King William-street, E.C., April 8th, 1882.

"LEAD-POISONING IN FACTORIES."

To the Editor of THE LANCET.

SIR,—With reference to your remarks of April 8th, on the above subject, and your comments upon a fatal case which had occurred at a factory in Shoreditch, permit me to say that twenty-five years ago poisoning by lead was of frequent occurrence at the lead smelting works in this part of Derbyshire, and that since that time it has seldom been heard of. I attribute this immunity from poisoning in men constantly exposed to the fumes of lead to the fact that they were advised to partake freely of fat bacon, butter, and other fatty substances, and to drink copiously of lemonade or dilute sulphuric acid in water. The hint was first obtained from Sir Thomas Watson's admirable lectures on the Practice of Physic. In any regulations which may be framed for workers in lead factories, these dietetic measures should not be lost sight of.

I am, Sir, your obedient servant,

WILLIAM WEBB, M.D., F.R.C.S.

Wirksworth, Derbyshire, April 8th, 1882.

"PAYING MEDICAL BILLS OUT OF AN ESTATE."

To the Editor of THE LANCET.

SIR,—In your issue of last week there is an article under the above heading which reflects very undeservedly on Mr. G. H. Jackson of this place. Your remark (and here is the sting), "We regret that a medical executor should set an example of refusing to pay medical bills." But, Sir, the evidence on oath of Mr. Jackson at the trial states that he offered to pay, and consequently did not refuse. Acting under advice, he denied a legal liability, for which there are good reasons; but he was willing to pay, as a matter of kindly professional feeling, and therefore the action was not "necessary." A rule nisi has been obtained before Justices Grove and Stephen, and the matter being thus still *sub judice*, I make no remark on it; but I cannot conclude without saying that Mr. Jackson, though a young man, stands quite as high as to professional reputation as either of the plaintiffs, whilst as to integrity and benevolence, his character is of the highest order. I speak from personal knowledge as one of his patients, and trust you will kindly insert this, and confer a favour on very many who hold him in the highest esteem.

I am, Sir, your obedient servant,

Tottenham, April 11th, 1882.

AUDI ALTERAM PARTEM.

IRELAND.

(From our own Correspondent.)

A DRAFT scheme of amalgamation of the various Medical Societies of Dublin has been submitted to the several Councils of those bodies, and has been referred by them to a joint committee for consideration. The scheme proposes that there shall be one body, to be called the Academy of Medicine of Ireland, comprising four sections, devoted to Medicine, Surgery, Obstetrics, and Pathology, with one president of the Academy, and one for each section with a general and a sectional council. The yearly subscription will be two guineas for Fellows, one guinea for Members, ten shillings for Associates, and five shillings for Student