Correspondence.

"Audi alteram partem."

THE PUTRID STREAM.

To the Editor of THE LANCET.

SIR,—I trust your excellent article on the abominable state of the Thames will have the effect of causing the "pressure from without" to be applied to the parties who have control and jurisdiction over that important part of the metropolitan system, and that the river will cease to be a dangerous nuisance and disgrace to our legislators and civic authorities. It must, of course, be a work of considerable time to carry out the admirable idea of an intercepting drainage, conveying the refuse of London to places where it can be rendered not only innocuous, but profitable. But a very simple remedy might readily be found for improving the Thames in this locality; and it is imperatively called for, not only as a sanitary measure, but as absolutely requisite for the purpose of navigation, which is now almost entirely obstructed. The Thames has never been known to be so low as it has been for the last twelve months, owing to the long-continued drought. Although the removal of old London Bridge had previously, for some years, made great alterations in the channel and bed of the river; and as the great water companies will next month commence taking their supply from the greatly-diminished stream above Kingston, we shall have still less of the pure water to wash away the deposits of the tide brought up from London than we have at present.

The remedy I allude to is one that has been "talked of" for many years; but unless you, or some other powerful advocate for sanitary measures, lend their invaluable aid, many more years will probably elapse before anything is done. I therefore call your attention to the necessity of immediately constructing a "lock" at Brentford, near the point where the Great Western and Brentford New Railway Company intend to form their important dock, &c. This would at once do away with the immense surface of green mud and decaying vegetable matter which is now exposed to the rays of the summer sun, and which will, if allowed to continue, divest the locality of its proverbial salubrity. I leave others to speak of the neighbouring towns and villages; but, as a native of Isleworth, I can conscientiously speak of its peculiar exemption from epidemic disorders, and of the longevity of its inhabitants. How long this may continue if the Thames be suffered to remain in its present condition, I cannot pretend to foresee. The few cases of cholera which occurred here last autumn were almost exclusively confined to the persons who were working on the river, or resided close to its banks, which fully demonstrates its noxious influence. The formation of "a lock," at the spot I propose, would not only be the means of keeping a good head of water at the towns of Teddington, Twickenham, Richmond, Isleworth, and Brentford, but would also afford the opportunity of flushing the Thames from Kew-bridge downwards, and thus give great advantages to every town upon its banks.

Your advocacy of this simple measure may be conducive to the health of thousands whose business or occupation leads them to reside

"Where the silver Thames first rural grows."

I am, Sir, your obedient servant,
Isleworth, July, 1855. HORATIO G. DAY.

THE MEDICAL REFORM BILL AND STUDENTS.

To the Editor of THE LANCET.

SIR,—In *The Times* of Wednesday, the 4th ult., I observed a paragraph purporting to be a sketch of a new Medical Bill, which is to be, or has been, brought into the House of Commons. After stating various regulations regarding the formation of the Court of Examiners and the subjects that will (if the Bill is carried) compose the examinations, it goes on to state that the period of studentship will be extended to five years; that no gentleman will be admitted as a candidate for a diploma until he has attained the age of twenty-two. Now, no doubt, for the future all this is excellent; but for students who entered under the old regulation—and I mean particularly that by which the age of twenty-one was made, as it were, the starting-point for examination—I think that it will be particularly hard, not to say unfair, that they should be compelled to prolong their curriculum for another year, instead of, as it is at present, being able to "pass" at the latter age. As

regards myself—not that I by any means wish to be egotistical, but I know that my case is far from being singular—I was looking and longing for the time when I should be permitted to present myself at the College; but now, if this Bill becomes law, I shall be thrown back for another year. I feel it the more especially at this period, when every Englishman is wishing to distinguish himself.

Could it not be allowed that gentlemen who entered on their studies before this Bill was framed should to be examined at the old regulation time, even though the examination was conducted by a new court?

I am, Sir, your obedient servant,

A STUDENT.

July, 1855.

* * The Bill, if passed, will not have a retrospective effect.
—ED. L.

ON THE TREATMENT OF GONORRHOEA BY COPAIBA.

To the Editor of THE LANCET.

SIR,—In the present day, when there is so much writing and talking about the advantages of rational medicine over empirical medicine, it is worth one's while occasionally to stand aloof from party spirit, and to examine coolly and without prejudice into the actual state of our knowledge of diseases.

Let me be permitted to take the venereal disease as an example. If I were to examine the latest works in which this disease is treated of, I should certainly find the most contrary statements. To leave the numerous opinions respecting the unity or plurality of syphilitic diseases out of the question, I should find that for gonorrhœa even there are no fixed and definite rules of treatment. Some authorities would say, treat gonorrhœa as you would a common urethritis—as you would an inflammation of any other mucous membrane; employ salines, rest, low diet, bleeding even, if the inflammation is very intense; subsequently, use astringents, local and general, &c.; and thus you will succeed in arresting the flux. Others, again, would say, away with the vagaries into which your rationalism has led you; you have to deal with a specific disease; administer copaiba or cubebs at the right time, and in proper doses, and the disease will yield to these remedies before you shall have succeeded in reducing the inflammation by your salines, &c.

Why is it that this discrepancy of opinion exists? The disease is sufficiently common, and there can be no difficulty in testing the merits of each mode of treatment. If the statements of those who adopt the empirical mode of treating gonorrhœa are to be relied on, we want no other medicines than copaiba or cubebs for the effectual cure of this disease; for they depose most positively to the certainty of the result in the great majority of cases. On the other hand, it is asserted that it is dangerous to employ copaiba or cubebs in the acute, and that they are uncertain in the chronic, stage of gonorrhœa, and that, consequently, it is better to trust to a rational mode of treatment.

I am not aware that any statistics, or any complete record of cases have been drawn up to prove either the one position or the other; consequently, it is necessary to trust to general statements.

The first point to be ascertained is, whether it is really dangerous to employ copaiba in the acute stage of gonorrhœa. MM. Ricord, Velpeau, Ribes, Bland, and numerous other authorities, state most positively that there is no danger in employing cubebs or copaiba at the commencement of a gonorrhœa; and I am not aware that any one has yet proved the contrary. I am even inclined to doubt whether those who deny the curative effects of copaiba in gonorrhœa have ever given the drug a fair trial, under the conditions which are almost indispensable to success.

Judging from what I have both seen and read, I consider two fundamental errors are usually fallen into: the first is, that the acute stage is allowed to pass by before the drug is administered; the second, that when given, it is administered in too small doses.

The copaiba appears to possess much more control over a gonorrhœa when given at the very onset of inflammatory symptoms, and especially when it is given in the dose of a fluid drachm, three or four times a-day. Let any one make a trial of the remedy in this manner; let him give the copaiba an hour or two after each meal; and let him persevere with this plan for a few days after the discharge ceases, and he will have to do with but few of those cases of gleet which are at once the torment of the patient, and the opprobrium of the surgeon.

The only ill effects that I have ever known to arise from this mode of treatment are nausea, dyspepsia, and, occasionally, eruption of a papular or vesicular kind; once or twice only have I observed a constant desire to pass urine; and in these cases I believe the vesicle irritability was to be attributed more to the adulterations of the drug than to the copaiba itself. Most surgeons recommend the administration of a saline purgative to remove any of these effects; and the practice may be adopted, if thought desirable. I have, however, in such cases, generally contented myself with suspending the use of the copaiba for a day or two; and this may be done with safety, for it will be found that the curative effect continues, and the nausea or eruption will disappear as rapidly as if purgatives had been given.

I am induced to write thus confidently as to the efficacy of copaiba because I have recently had ample opportunities for testing the merits both of the rational and empirical modes of treating gonorrhoea, and I do not hesitate to state my belief that the copaiba is as certain a remedy for gonorrhoea as quinine is for ague.

Whilst writing on this topic, I trust to be excused for touching on a subject which, I regret to say, our notions of morality have allowed to remain too long without due consideration. In France and other continental countries, as everyone knows, the respective governments have recognised the necessity of establishing some kind of inspection and control over those unfortunate beings who surrender themselves to prostitution. Why is it that in England we are unable to see the wisdom of such control? To take the case of our soldiers and sailors as a single example. How beneficial would be the effects of a well organized system for the examination and control of those unfortunates from whom sailors and soldiers are so constantly contracting diseases! Our soldiers are examined weekly, I believe, for the early detection of venereal diseases, and for the prevention of the injurious effect of such diseases on their constitutions. Why cannot the people of England consent to go one step further back to strike at the root of the evil—to seek to prevent instead of to cure? Let it not be urged that the comparative immunity from disease would prove detrimental to morals. Experience has always demonstrated the contrary.

I believe, Sir, that with most medical men the necessity for attention to this point on the part of the legislature is admitted. Does it not now belong to the press—to the medical press especially—fearlessly to grapple with this evil, and to urge on the legislature the necessity for sanitary reform, even in this particular.

I remain, Sir, your obedient servant,
Millbrook, July, 1855. H. R. VEALE, M.D.

THE PROPOSED MEDICAL REFORM BILL.

To the Editor of THE LANCET.

SIR,—In reply to the letter of “M.D. Edin.,” I have only to say, that his query, whether St. Andrew’s and Aberdeen are in the schedule he alludes to, is totally beside the question. It is the Bill, and not the schedule to it, which gives the privilege of registration; and by reference to the twentieth section of the Bill your correspondent will find that it lays down two qualifications for registration in the physicians’ list: *one* of these is a medical degree from any University in the United Kingdom; the *other* is a diploma or licence from any of the bodies mentioned in the schedule. To this latter class, and to it alone, the schedule therefore refers.

Out of the members of the Committee there are four physicians with Scotch University degrees, and you may depend on it that they have no intention of disqualifying themselves from future practice.

I am, Sir, your obedient servant,

A MEMBER OF THE REFORM COMMITTEE
OF THE PROVINCIAL ASSOCIATION.
July, 1855.

To the Editor of THE LANCET.

SIR,—Some remarks on the New Medical Reform Bill having lately been answered in your columns by “A Member of the Reform Committee of the Provincial Association,” may I be permitted to ask from the same or an equal authority for information on the following points, which I believe to be of much importance to many who will be affected by this Bill.

Under the operation of the new Bill, will a general practitioner, holding a degree of M.D. from a British University and the diploma of the College of Surgeons, be legally entitled to register as physician in the list of physicians, and also as sur-

geon in the list of surgeons at the same time? this being the only mode by which he can indicate that he is a general practitioner, if the terms physician and surgeon be used in their ordinary sense.

Will a practitioner registering as physician be entitled to write or to dispense his prescriptions for his patients as may best suit his and their convenience?

If uniformity of education were required at all the Universities, would not a combined diploma of Doctor of Medicine and Surgery—as given, I believe, at some Universities abroad—be a simple and efficient title and licence to practise for all practitioners, whatever branches they might afterwards devote themselves to?

Could not the University examinations be attended by Government examiners, so as to ensure an impartial and strict testing of the candidates, and thus the necessity for a second examination by any of the present so-called licensing bodies be dispensed with as a superfluous complexity, only tending to put fees into the hands of the second body of examiners?

I am, Sir, your obedient servant,

July, 1855.

MEDICO-CHIRURGUS.

THE UNIVERSITY OF LONDON.—THE DEGREES OF M.B. AND M.D.

To the Editor of THE LANCET.

SIR,—I cannot understand why, in granting the licence to practise, any difference should be made by the Senate between the Bachelors and Doctors of Medicine of the University of London, when both are by the Act of Parliament on an equality; the distinction, if carried out, will be extremely invidious. I think, however, that the Senate might fairly charge one guinea for every licence granted, leaving it to the graduates to apply or not as they pleased, the guinea being a kind of registration fee. I also agree with the idea that all fees should be paid at the time of the examination for M.B.

Yours obediently,

July, 1855.

A GRADUATE IN THE ARMY.

BANDAGING AFTER DELIVERY.

To the Editor of THE LANCET.

SIR,—The paper of Dr. Gilmour, of Liverpool, “On Bandaging the Abdomen after Delivery,” does him credit, on account of *the pains* he has taken to make a case out to guide the public, but he has not satisfied my mind.

I must have attended upwards of a thousand women during parturition, and I never have used a binder after confinement, and no reason can I rest upon to induce me to recommend it. I think I have powerful arguments against it, which the sequel will show.

The abandonment of a practice so universal requires strong arguments to justify it. I look upon it in the light of a popular error, ultimately to be regarded as stays are now regarded by sensible people; instead of strengthening the back, as people used to believe, they are now condemned as interfering with the natural powers, and as doing more harm than good, as all artificial interference with the laws of nature must do.

Prolapsus uteri is very common in the present day. How much to do with this evil has “Bandaging after Delivery”? The only preventive of hæmorrhage after delivery is free contraction of the uterus, and that contraction ought to be seen to before any such interference as bandaging is had recourse to. After hæmorrhage is thus guarded against, of what avail can a bandage be?

The only excuse I can find for the binder is, that it affords a temporary *feeling of comfort* after delivery; but that this feeling is only very temporary I have ample proof; and that it (the binder) slips up, and becomes inconvenient, and when removed often gives cold, is allowed by all women who have used it. The specious object for women countenancing it is, because they have been told it improves the figure, which is as much a popular error as that stays improve the figure; but the idea flatters the vanity of the sex, as they all like to be considered *good figures*; even the little lady three feet ten inches high, with a waist four or five feet round, becomes an advocate for the binder, under the hope of being made a “good figure.”

The binder is an artificial and unnecessary application, submitted to for a temporary feeling of comfort, afterwards to be followed by discomfort and risk, its use probably having something to do with the production of prolapsus uteri, the very possibility of which is enough to condemn it as a clumsy interference with the operations of Nature, and not indicated