His Excellency hopes that he will have it in his power to obtain the necessary reports and information upon the subjects to which it relates in time to transmit it by the packet, which will leave Jamaica on the 28th inst. I am to add that his Excellency will be very happy to receive any more detailed suggestions which the medical gentlemen may be disposed to offer in respect to the number of medical officers they may consider the Public Hospital and Lunatic Asylum, both when united, as at present, or when they shall be hereafter separated as proposed, to require. His Excellency will be equally happy to receive any suggestions tending to render the hospital more useful to the profession as a field of observation and inquiry.

I have the honour, &c.,

H. W. AUSTIN, *Gov. Sec.*

Copy of a Letter from Dr. DUNN to Mr. AUSTIN.

11, East-street, July 20th, 1859.

SIR,—I duly received your letter dated the 11th inst., and I beg leave to state, for the information of his Excellency the Governor, that I immediately submitted the same to the consideration of the several medical gentlemen of Kingston who with myself signed the memorial to the Colonial Secretary, complaining of the recent appointment of Dr. Osborne to the office of consulting surgeon to the Public Hospital. These gentlemen are unanimously of opinion, with myself, that the present state of the Hospital and Asylum demands a radical alteration and reform with regard to the limited staff of medical and surgical attendants on the inmates; but it would be now premature to enter in detail into the various suggestions which the faculty are ready to offer whenever the proper period arrives for the reception of their evidence.

It appears to be at present sufficient to state the basis on which it is desired to make these institutions more useful than they have hitherto been as a field of professional observation and inquiry. The main object desired is to throw these establishments freely open to the whole medical profession, and to do away with the present anomaly of making them exclusively subservient to the interests of a few individuals. It is considered that such a change in the economy of the Public Hospital would be as beneficial to the public welfare as it would be fair and just to the members of the medical profession. In reference to the Lunatic Asylum, when separated from the Public Hospital, we are of opinion that its medical management should be entrusted to a practitioner whose experience in a similar institution in England or elsewhere would ensure every benefit to its unhappy inmates. I would beg leave again to urge upon his Excellency the expediency of reconsidering the grievance of which the memorialists complained—viz., the appointment of Dr. Osborne to the high and responsible office of consulting surgeon to the hospital—an appointment which is still regarded by the profession and the public as a degradation to the whole medical faculty, unfair to the sick poor, and unjust to the taxpayers who support the various charities of the country; and I would most respectfully state, for his Excellency's information, that I and the several gentlemen who have signed the memorial to the Colonial Secretary praying for redress against this wrong inflicted on the profession, will be happy to learn that his Excellency will see fit to entertain our remonstrance—that he will take a high conception of the duties and obligations of our profession, and that he will lend all the aid and influence which appertain to the high and distinguished position of the Queen's representative to support the views which we have respectfully but firmly expressed, and that he will forward the object of our wishes when the whole matter is submitted to her Majesty's Government.

I have the honour to be, &c.,

H. W. Austin, Esq., *Gov. Sec.*

ANDREW DUNN.

On the 25th of October, 1859, the following was received:—

Gov. Sec.'s Office, King's House, Oct. 24th, 1859.

SIR,—The Governor desires me to state, for your information and that of the four other medical gentlemen in the city of Kingston who addressed to the Secretary of State a memorial, dated July 8th, remonstrating against the appointment of Dr. Osborne to the office of consulting surgeon to the Public Hospital and Lunatic Asylum, that his Excellency has received from his Grace the Duke of Newcastle the following instruction:—

“I have to request that you will cause these gentlemen to be informed, in reply, that I have not found any reason for interfering with the discretion which you exercised in selecting Dr. Osborne for this appointment.”

I have the honour to be, &c.,

H. W. AUSTIN, *Gov. Sec.*

Correspondence.

“Audi alteram partem.”

IRIDECTOMY IN GLAUCOMA.

To the Editor of THE LANCET.

SIR,—I was about to make some remarks on Mr. Hancock's new operation for the cure of glaucoma, which is characterized in THE LANCET of Oct. 29th as an improvement upon De Gräfe's operation by iridectomy; but owing to the interest which that subject excites at present amongst ophthalmologists, I was sure that men of greater authority than myself would reply to it. And, indeed, I was not mistaken; for in THE LANCET of Nov. 19th I find two letters on the subject, one from Mr. Hulke and another from Mr. Hildige. But as these gentlemen did not state the case fully, and as my views differ somewhat from theirs, I may be permitted to state them briefly.

I quite agree with Messrs. Hulke and Hildige that the age of Mr. Hancock's patient, as well as the history and symptoms of the case, exclude it from the category of glaucomatous affections. It looks more like the residuum of an old trauma. It is equally true that twelve days' cessation of symptoms does not warrant the proclamation of a cure. And, moreover, paracentesis is no new procedure; it has been tried by Desmarres and by Gräfe himself, and their experience proved that it is always followed by instantaneous relief, but there is almost always a récidive after three or four weeks.

In speaking to De Gräfe lately upon the relative merits of paracentesis and iridectomy, he told me that, now-a-days, it must be considered as a (kunstfehler) blunder in surgery to lose time in trying paracentesis, as in his extensive practice he had succeeded only in two cases in effecting a permanent cure, the others being followed by a récidive. (See *Archiv.*, vol. iii., part ii.) Whilst I agree, therefore, with the remarks on the proposed new (!) operation, I differ from those gentlemen when they wish to imply that iridectomy is an unfailing remedy for glaucoma, and that the principle upon which it is based is a sound pathological principle. The experience of Desmarres and Sichel, who number about 300 eye patients, clearly proves that iridectomy is sometimes followed by a récidive as well as paracentesis; but generally it proves successful. The operation is only two years old, and consequently has had no time to establish its claims. It is to be regretted that scientific writers should be so vague in their statements, instead of laying before the profession statistics of the cases cured, &c.

With respect to the principle, it may perhaps be too strong to say, with the editor of Druitt's Surgery, that it is an empirical plan based upon no principle; for the pathological anatomy upon which De Gräfe bases his operation is clear and plausible enough; yet there is room for doubt as to its soundness. It may be stated in the following sentence:—“I take acute glaucoma to be a choroiditis, or an irido-choroiditis, with an infusion into the vitreous and aqueous humours, the augmentation of which causes an intra-ocular pressure, thus producing excavation of the optic nerve and irido-plagia. The irido-plagia is caused by the pressure upon the ciliary nerves in their passage to the iris. Hence, also, anæsthesia of the cornea, &c.”

The implication of the ciliary nerves in this affection plays too important a part to be overlooked. Tavnat (“*Traité Clinique des Maladies des Yeux*”) thinks the origin of glaucoma to be a deep-seated *perturbation* of the ciliary nerves. This theory is in harmony with the experiments of Magendie on the important action of the fifth pair upon the organ of vision. There is besides the short root of the third nerve, which supplies the sphincter iridis through the ophthalmic ganglion, which is injured by that intra-ocular pressure. But De Gräfe makes the choroid the starting-point of the disease. Now finding that iridectomy produced good results in chronic iritis, in irido-choroiditis, and even in certain forms of sclerotic choroiditis, he tried it also in glaucoma, with the best results.

Yet it is not quite apparent how the excision of a portion of the iris relieves and cures the train of those distressing symptoms. The iris, it must be remembered, is not the cause of the tension, neither is that membrane inflamed, but, on the contrary, it is atrophied to such an extent that it is difficult to seize it with the forceps for excision. The iris, in short, is dwindled down to its minimum in this affection. By removing the iris, therefore, we do not remove the cause of the disease,

but we relieve the tension. Now the cause not being removed, and the humours continuing to augment, the intra-ocular pressure is of course re-established, and all those symptoms, with excavation of the optic nerve, &c. &c., must be re-established as well. In short, whilst the principle upon which De Gräfe's operation is based is not quite clear, yet the operation itself must in the mean time be considered as the best at our command, until more light is thrown upon the pathological anatomy of glaucoma, to enable us to meet it by a rational system of medical treatment.

I am, Sir, yours obediently,
Paris, Dec. 6th, 1859. J. R. WOLFE, M.D.

BLOODLETTING IN ACUTE HEPATITIS.

To the Editor of THE LANCET.

SIR,—On a former occasion, I narrated in THE LANCET a case of acute hepatitis having been cured by large bloodlettings from the arm. It may, therefore, not be out of place to record another case, where bloodletting, leeching, and purgation entirely failed to effect a cure:—

In March, 1854, Mrs. D—, an elderly lady, and patient of mine, was taken seriously ill of acute hepatitis, for which she was bled, leeches, and purged, with speedy relief to all the more acute symptoms; but was not salivated, though I earnestly besought her to take the medicine till this effect was produced, and also predicted to her that chronic inflammation would go on, with all its attendant miseries; still she obstinately refused to take “mineral,” and made what I may term a sort of recovery without it. However, about two months afterwards, my patient had become so ill that I was again requested to visit her. I recommended a course of mercury, with blisters over the region of the liver. The blisters were had recourse to, but the mercury she refused to take. I therefore, from this time till the month of November, 1854, tried all the various medicines supposed to act as substitutes for mercury in diseases of the liver, but to no good purpose, for my patient grew gradually weaker, till, at length, she was necessitated to keep her bed. The case had now assumed so grave an aspect, that I requested a consultation, which was reluctantly granted. Consequently, on the 17th of November, my friend, Dr. Hunter, from Glasgow, met me in consultation. He recommended calomel, in ten-grain doses, every third, fourth, or fifth night, according as I might think proper. It was therefore given every fourth night; and as the first dose did not act sufficiently on the bowels, I combined it afterwards with scammony. After the fourth dose had been taken, the gums became tender; the medicine was therefore discontinued for about ten days, after which it was resumed, with a seidlitz powder in the morning, till the system was again fairly under its influence. Our patient having by this time got so much better in health, —the liver also, which, before the mercurial course, was much enlarged, having returned to nearly its normal dimensions,—the calomel was discontinued, and a tonic substituted. I have only to add that our patient was about six weeks in going through the mercurial course; that the blisters were repeated over the hypochondriac region during that time; and also that, about three months after I ceased to attend the patient, I met her, when she told me she had not been in better health for years. She is still living, and in good health. Her plea for refusing to take mercury was, that a brother of her own had been nearly killed by it; this statement must, of course, be taken *cum grana salis*.

I remain, Sir, your obedient servant,
Blantyre, Dec. 1859. T. DOWNIE, L.F.P. & S. Glasg.

GOUT AND ITS CAUSES.

To the Editor of THE LANCET.

SIR,—In a work written in 1804 by Dr. Thomas Garnett, of London, entitled “Popular Lectures on Zoonomia, or the Laws of Animal Life in Health and Disease,” I find the following remarks on Gout:—

“The gout seldom occurs but in those who have for several years lived upon a full diet of animal food, often highly seasoned, and at the same time been in the habit of taking daily, or very constantly, a greater or less quantity of fermented liquors, either in the form of wine or malt liquor. This disease is seldom known to attack persons employed in constant bodily labour, and who live temperately, and is totally unknown to those who use no wine or other fermented liquors. I believe there never was an instance of a person having the gout who

totally abstained from every form of alcohol, however he might live in other respects; and I doubt if ever the gout returned after a person had abstained from fermented or spirituous liquors for two years. There seems to be something in alcohol which peculiarly brings on this state of the constitution; and without it, it would seem that gout cannot be produced. Here, then, is an effectual method of curing the gout, which will no more return, if strictly persevered in, than the small-pox will attack the constitution after inoculation.”

Nearly thirty years' experience and observation have convinced me that Dr. Garnett was quite correct in his observations as to the cause and cure of this painful malady; and my object in now writing is to inquire if any of your numerous readers can inform me if they have ever met with a case of gout in a person who totally abstained from every form of alcohol, or was not perfectly cured by abstaining from the same for two years. When I say gout, I do not mean rheumatism. Charles Dickens, in *All the Year Round*, in an article on “Good Qualities of Gout,” says—“A variety of endeavours have been made to define the difference between gout and rheumatism. Thus, gout is rich man's rheumatism, and rheumatism is poor man's gout, which is good only as a figure of speech. Another: put your toe in a vice; turn the screw till you can bear the pain no longer; that's rheumatism. Give the screw one turn more; that's gout.” The same writer says—“But men who have lived soberly and temperately all their lives have, nevertheless, had gout, from their goutage till the close of their allotted term.” Again—“One of our most esteemed medical classics has written, that when once gout has got hold of your system or your family, take all the precautionary measures you may, you will have gout now and then, especially towards the close of winter.” I do not believe it, and am quite convinced that alcohol is the cause, and abstinence from it the sure cure, of gout.

I am, Sir, your obedient servant,
L. M. BENNETT, M.R.C.S.
Winterton Brigg, Lincolnshire, Dec. 1859.

SUPPLY OF WATER TO TOWNS AND VILLAGES.

To the Editor of THE LANCET.

SIR,—A letter appears in your journal of Nov. 26th from Dr. Plomley, of Maidstone, on the supply of water to towns and villages, and your opinion is solicited on the effect produced by hard or soft water on the health of the users. The Doctor has also thought proper to call in question a decision of a Committee who were appointed in Maidstone to inquire into the best means of supplying that town with water. He condemns their recommendation of chalk water, which he describes as unwholesome and useless. And believing you would be unwilling to express any opinion until in possession of some information from the other side, you will, I trust, excuse my troubling you with some explanations; and I feel the more bound to do this, from the fact of having given to the Committee the evidence with regard to temperature, which the Doctor would induce you to believe to be so wonderfully erroneous.

The duty of the Maidstone Committee was, to consider what, under all the circumstances, was likely to prove the least objectionable of such sources of water supply as were within the reach of that town. There are but three sources available—water from the river Medway, from the green sand formation, or from the chalk.

The Medway is navigable for about twenty miles above Maidstone by a series of locks. The condition of the water is very various, at times being pretty clear, and at other times loaded with loamy mud, some of which Dr. Plomley has admitted that by no amount of filtration could be separate.

Tunbridge, Hadlow, Yalding, and other places, drain altogether, or in part, into this water. It also receives the surface drainage of perhaps the most highly manured land in the south of England—namely, the hop gardens, extending for some miles on the banks of this river, which is the highway for barges laden with London muck, and, in the season, with tons of decomposing sprats. In summer and autumn, it forms the bathing-place of numbers, and during hopping-time is the general washtub of a very large number of London's poorest outcasts; and, from all the Committee could learn, there is no authority to prevent the river being used as a sewer by any one setting up works on its banks.

To the green sand formation water there is but little objection, beyond the doubt as to the quantity that could be ob-