

by machinery. In each and all there was only one dressing of dry lint, which in some cases was removed at the end of ten days, and in others at the end of three weeks. This simple method has been eminently successful also in the hands of my friend, Mr. Dryland. In a case of secondary amputation of the leg, he removed the first dressing at the end of a week, and found the stump all but healed over, the man being about in a fortnight; and in a thigh amputation, a few weeks ago, a like result was obtained by the same simple treatment. I am not prepared to say that this old-fashioned antiseptic method of treating wounds would be equally successful in hospital, but, undoubtedly, many of the usual methods of treating wounds are faulty in the extreme; for, besides giving unnecessary pain to the patient by too frequent dressings, and taking up the valuable time of the busy practitioner, healing by the first intention, instead of being, as it ought to be, the rule, is the exception.

In cases, on the other hand, where there is *no* blood to form the seal over the wound, a useful substitute will be found in either the Peruvian or Canadian balsam. Dressed with either of these, a dry wound, of any extent, will heal with one dressing, the balsam taking the place of the blood, and forming a stiff antiseptic seal, which, when broken, shows the perfection of surgical art in union by the first intention.

I am, Sir, yours, &c.,

JAMES MORE, M.D.

Rothwell, Northamptonshire, Jan. 7th, 1878.

BRIGHTON.

To the Editor of THE LANCET.

SIR,—Last Saturday's LANCET has an annotation in which is quoted a statement made by Dr. Kebbell, medical officer of health for Hove, in a recent report to his sanitary authority. The quotation is as follows:—"The medical officer of health of Brighton had made the population of Hove under 13,000, thus making the death-rate higher than that of Brighton."

I have written to the Sanitary Committee of Hove, contradicting the statement of Dr. Kebbell. I beg leave to say that I have never put the population of Hove at any figure of my own estimating, except after the method of the Registrar-General. I wrote to the Registrar-General's office in the early part of 1876 asking to be informed what the population of Hove was estimated at. The following is an extract from the answer I received:—"We estimate the population of Brighton Municipal Borough, in Mid., 1876, as you know, at 100,632, and that of the Parliamentary Borough 112,887, at the same date. The difference between these numbers is 12,255, which ought to agree pretty nearly with the population of Hove parish in the middle of this year."

I afterwards forwarded the above extract to Dr. Kebbell, which he seems to have quite forgotten. So that I simply adopted the figures and mode of estimating of the Registrar-General.

In a footnote to my Annual Report for 1876 (of which I sent you a copy) I said:—"Mr. King's (the sanitary inspector of Hove) estimate of the population of Hove was over 17,000; 16,000 of this estimate has been adopted by Dr. Kebbell, the medical officer of health for that district, in his annual report for 1876, which much exceeds that of the Registrar-General, who estimates the parliamentary borough at 112,887, and the municipal at 100,632, making the population of Hove (by difference) 12,255." My report for 1876 also refers to a recommendation of the Registrar-General as to the taking a census oftener than once in ten years. I mentioned the instance of Barrow-in-Furness having done so, and suggested to the Brighton Sanitary Authority the desirability of imitating the example of Barrow. Dr. Kebbell has hitherto been in the habit of guessing at estimates of the population of Hove, while I hold that no estimate can be acknowledged which has not received the official sanction of the Registrar-General; and I am very glad to find that Dr. Kebbell has followed my example in recommending a census oftener than once in ten years, and that his recommendation has been adopted by his sanitary authority. — I am, Sir, yours, &c.,

A. P. B. TAAFFE, M.D. Lond.,

Medical Officer of Health for Brighton.

January 8th, 1878.

THE SOUNDS OF THE HEART.

To the Editor of THE LANCET.

SIR,—Mr. Illingworth, in his letter upon the Sounds of the Heart, which appeared in the last number of THE LANCET, seems to have forgotten one very important circumstance—the *rhythm* of the first sound.

The first sound, according to his hypothesis, should follow the jet of blood sent out during the systole, and never precede it. But with the stethoscope over the precordia, and the finger upon the carotid artery, we find that the first sound is appreciably *in advance* of the pulsation in that vessel; and, when the radial pulse is compared with the auscultatory phenomena, it is most distinctly *later* than the first sound. This is sufficient to negative the truth of Mr. Illingworth's view, and, from extended experience in the clinique of Dr. George W. Balfour, I have no hesitation in asserting its universality.

Further, his theory as to the absence of the first sound in certain cardiac lesions, and the origin of murmurs, seems to ignore the probability that, when the auriculo-ventricular orifice is permanently open, this would allow of an additional escape for the blood, and a consequent easier approach of the ventricular walls to one another.

I am, Sir, yours faithfully,

GEORGE A. GIBSON, M.B., D.Sc.

University of Edinburgh, Jan. 7th, 1878.

THE TREATMENT OF DELIRIUM TREMENS.

To the Editor of THE LANCET.

SIR,—Much has been said respecting the management and the various remedies used in cases of delirium tremens, each individual promulgating the advantageous results of his own experience, so much so that authors are at variance as to the best course to be adopted in such cases, some recommending (as the results of their own success) a certain regimen combined with ordinary attention to the secretions and excretions; others advocating, in addition to the aforesaid, narcotics and sedatives; while a third party resort to the heroic effects of the so-called specifics, such as capsicum, digitalis, &c. In commenting separately on the special advantages of each course, I would state in reference to the first mentioned, that where the case is of a mild form, and where due attention is paid to the management of the patient, he may go on well. In regard to the second, or the administration of narcotics, as opium, chloroform, &c., I cannot too forcibly deprecate the use of such remedies, even in the most diminutive doses, more especially in hot climates, as I have seen the most dire results follow their exhibition, the patient dying of convulsions and coma, the pupil exhibiting the well marked pinhole contraction, as observed in cases of narcotic poisoning.

Of the third, or specific form of treatment, there is no doubt a great deal to be said in favour of capsicum and digitalis. These, when properly administered, are most valuable remedies, the latter having a twofold effect in regulating and subduing the action of the heart, and thereby proving useful as a vascular sedative, in addition to its powerful diuretic properties; and as there is almost always well-marked congestion of the liver and spleen in such cases, which in hot climates has a very strong tendency to induce hæmatemesis, this remedy is most effective in averting the latter, and in combination with its diuretic action is, I think, most valuable in aiding the elimination of the morbid poison by the kidneys. However, as in the case of narcotics, the physician cannot be too cautious in the administration of this valuable medicine, always remembering its specific and cumulative action on the heart. After first effectually relieving the bowels, I am frequently in the habit of prescribing half-drachm doses of tincture of digitalis with fifteen or twenty minims of the acetum scillæ, with most excellent results, the dose being repeated every second, third, or fourth hour as the case requires, the action of the heart being my guide in every case as to the frequency of the dose, the attendant also being cautiously instructed to keep the patient quiet and in a recumbent posture. The above treatment was, I believe, originally introduced by Dr. Banks, of Dublin.

Capsicum has also had many eminent members of the pro-