

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-

tained, and also as to any large quantity being obtainable from a well free from iron.

From the chalk, we have but two objections: the first is, a risk of being able to obtain the quantity required; the second is, the hardness of the water. Contractors stand ready to guarantee against loss in proving the former; and Dr. Clark has proved that water from this source can be reduced to three degrees of hardness by his lime process.

With these facts before them, I trust you will see that the Committee are less in error than Dr. Plomley would have you to believe. And now a word about the evidence in which the Doctor tries to make it appear that I stated water was altered in its chemical composition by being raised in temperature to 70° or 75° Fahr. I have failed to find any member of the Committee, except Dr. Plomley, who understood my evidence in the light he has been pleased to place it. I quite admit that the words used could be wrested to this construction, because in speaking of the river-water I spoke of the water *and what it contained, either mechanically suspended or in chemical combination*, as ONE THING—namely, water; and everyone but the Doctor appears to have understood what I intended to show—namely, that matter in the water at a temperature so high as 70° to 75° underwent such a change as to cause a difference in the chemical composition of that which I have explained as being spoken of as water, and which practically would be used as water by those who consumed it.

However much Dr. Plomley may relish water from a source so indelicate as I have shown the Medway to be, yet the people of Maidstone have not declined this questionable source of supply without having some reasons for classing it amongst the “impure,” if not unwholesome, waters; and it is such as they will, I believe, never be induced to use, if they can obtain a supply of clear, cool, and wholesome softened chalk water from a source far removed, as it is, from the possibility of deterioration from any of the works of man.

I am, Sir, your obedient servant,

Maidstone, Dec. 1859.

JOSEPH BARLING.

VALUE OF MEDICAL ADVICE.

To the Editor of THE LANCET.

SIR,—Is professional advice an exception to the general rule, that the value of every commodity is determined by the cost of its production? If not, professional advice ought to be more highly esteemed than it was by Dr. Paley. Let the cost be counted of the education which enables the professional man to give advice. Consider the three faculties of Law, Physic, and Divinity; the scholastic foundation, the collegiate course, the time and experience required to perfect and utilize the previous studies, and then count the value of the advice by the cost of the indispensable acquirements. It is an easy matter for a lawyer to give a legal opinion, a physician medical advice, or a clergyman to offer the consolations of the Gospel: it costs little at the moment, however much it may have cost before; but let a layman, unskilled in the science of law, physic, or divinity, essay to advise in either case, and he would feel at once his utter inability. People in general are long-sighted enough where their own interests are concerned, but remarkably short-sighted in regard to those of others. Hence it is that professional advice is so eagerly sought for, and so niggardly remunerated and ungratefully acknowledged.

There is another cause for this public undervaluing of professional advice which exists in our faculty—the small respect professional men pay to the opinions of each other. Of this we have had deplorable examples in a recent trial for murder by poisoning. One set of medical and scientific men, by patient observation and careful investigation, arrive at a definite conclusion; another set of medical and scientific men start up and endeavour to upset, on theoretic grounds, without one particle of direct evidence, the deliberate opinion of those who have had every opportunity of forming a sound judgment. Between this conflict of opinion, the prisoner escapes; but not so the profession—“*the imperfection of medical science*” is made the plea for his pardon. The public is ready enough to take advantage of such an exhibition of professional discrepancy, and to ask, “What value can we attach to any medical opinion which is so lightly esteemed and positively contradicted by members of their own body?”

Next in order, if not in its injurious tendency, is the violence done to medical science by what may justly be termed absurd and extreme modes of practice, doing violence to every principle of scientific and rational medicine. It is this that opens the door to every species of quackery, and occasions the taunt,

“when you are agreed amongst yourselves as to your methods of cure, we (that is, the public) shall have confidence in your dogmata.” A proper degree of latitude in opinion is quite compatible with general agreement; but extremes destroy all public confidence in a science which admits of such discrepancies. The reverse of what Celsus says, has become the practice: “Sanguinem, incisâ venâ, mitti non novum est, sed nullum pœnè morbum esse, in quo non mittatur, novum est.” Brandy and bottled stout have superseded the lancet; and homœopathy has risen upon the ruins of calomel and the black draught. Your powerful pen may restrain this suicidal tendency in the profession, by saying to one and all, “In media tutissimus ibis.”

I am, Sir, yours &c.,

December, 1859.

MEDICUS.

MANUFACTURED PASTEBOARD SPLINTS.

To the Editor of THE LANCET.

SIR,—It surprised me to read, in your last week's number, that this method of treating fractures was considered new. I can only state, to prove such is not the case, that for years past the pasteboard system, as described by Mr. Acton, has been adopted in the Southern and other hospitals in Liverpool. I may add, that I never treat an ordinary fracture in any other manner, and I have always had the satisfaction to find that my cases did better than those treated on the old system. Some of your readers may not have forgotten a recent trial—Haines v. Garland—in the Yeovil County Court. In that instance, the case was treated with pasteboard splints and starch. I believe you will find the inventor to have been Mr. Jos. Churton, of Waterloo, near Liverpool, and not M. Merchie, as stated by Mr. Acton.

I am, Sir, your obedient servant,

E. C. GARLAND, M.R.C.S., &c.,
Late Senior House-Surgeon, Southern Hospital,
Liverpool.

Silver-street, Yeovil, December, 1859.

To the Editor of THE LANCET.

SIR,—Feeling interested in the observations of Mr. Acton at the close of the meeting of the Royal Medical and Chirurgical Society on manufactured pasteboard splints (reported in your impression of last week), I beg to offer a few remarks on the subject, as these appliances are by no means new to me.

In 1813, Mr. Hammond, of Southgate, (whose assistant I then was,) always used manufactured pasteboard splints; and during a practice of forty years I have been in the habit of using splints consisting of millboard, cut in various lengths—viz., straight for the arm, bent for the forearm, thigh, and leg, proportionately wider at one end than the other. I keep them of all lengths, and, after reducing the fracture, measure the splints to the limb, soaking them in vinegar-and-water until they are quite pliable; when, if a simple fracture, I get a person to hold the limb straight, and apply a bandage moderately tight, and then place a moist splint on each side of the limb, applying a bandage over them, so as to bring them into the exact shape of the member, and in less than half an hour the splints become as firm as before they were wetted, and keep the limb in its proper position. In a case of compound fracture, I use no inner bandage, but apply the moist splints, so as to expose the wound, on some occasions cutting a piece of the millboard away; and I have seen no instance where the board irritated the skin. I may observe, it is of importance to turn out any corner of the millboard, before it dries, likely to press on the joint.

I have attended many cases in this manner, not one of which has ever been misshapen or contracted.

I remain, Sir, your obedient servant,

Highworth, Wilts, Dec. 1859.

CHARLES SMITH, L.S.A.

To the Editor of THE LANCET.

SIR,—When Mr. Acton brought before the Medico-Chirurgical Society some pasteboard splints, and stated that they had never before been made in London, he was labouring under an extraordinary error, as the same kind of appliance has been extensively used for several years. By simply visiting the surgical wards of St. George's Hospital, he would have found a large number of pasteboard splints applied to the various cases of fracture submitted to the care of the surgeons of that institution. The peculiar claim Mr. Acton advances as giving “pasteboard splints” advantage over any other kind, is their apability of being supplied ready moulded. But this does not