

idiot; and this statement will, we trust, afford a lively stimulus to those persons who are now privately and actively devising plans for a more general and extended provision for the imbecile population of Great Britain.

### MEDICAL MEDIUMS.

THE attention of the excitable and speculative sections of the population has, no doubt, been directed to an advertisement, headed "Mesmerism," and stating that there are "Wanted, subjects as medical-mediums, thought-readers, clairvoyants, &c. Ample remuneration will be given to persons who are good mediums, by an experienced mesmerist, who is willing to educate and develop these powers. Apply, by letter, giving address, or personally, to G. D., No. 56, St. James's-street, Piccadilly, on Friday or Saturday next, from ten to three o'clock. N.B. Persons who are anxious to be mesmerized may apply within the above hours."

It would be an amusing, and, perhaps, not an uninteresting, task to receive the applicants, and to analyze their motives and their mental endowments. They would, doubtless, consist of two classes—the dupes and impostors: those who have not yet learnt the folly and trickery concealed beneath the pretence of thought-reading and medical clairvoyance, and those who feel within them resources of roguery, depths of deception, and fountains of hypocrisy upon which they could draw with all the readiness and effrontery essential to the pecuniary success of a first-class medical medium. The notice to persons anxious to be mesmerized affords a hint that no time will be lost in bringing together the wolves and the lambs.

### QUACK MEDICINES FOR RUSSIA.

THE *Journal de St. Petersburg* contains a decision of the Council of Medicine of Russia regulating the conditions on which foreign quack medicines may be admitted into that country. Russia has for many years past been a great attraction for inventors of all countries, and of all kinds of articles. So long as these inventions were confined to industry and commerce, the Government has not interfered; but as the number of new medicines prepared abroad, and offered to the public by means of prospectuses, has latterly increased to an enormous extent, the competent authorities have considered it right to interpose for the purpose of protecting public health. According to the laws hitherto in force, any inventor of a quack medicine was compelled, in order to procure the authorization of its admission into Russia, to deliver to the Medical Council a sample of his invention, accompanied by a note pointing out its component ingredients. As, however, these demands have lately become so numerous from every part of Europe, the Council has not time to examine them all, and has therefore determined that it will not do so, unless the said medicine shall have been previously approved by the Academy of Medicine of the country of the inventor.

### Correspondence.

"Audi alteram partem."

#### THE DEATH-DRAINS AT BRIGHTON.

(LETTER FROM MR. ACTON.)

To the Editor of THE LANCET.

SIR,—Two months ago I took a house in one of those fine Eastern terraces facing the sea at Kemp-town, Brighton. The abundant rain which had fallen probably prevented me from detecting any disagreeable smell at the time, and the agent, in reply to my inquiries, told me that the drainage was excellent.

In the course of a fortnight, however, I began to be annoyed by foul effluvia from the drains, and soon afterwards the cook was prostrated with fever, and confined to her bed during a space of ten days. My children and servants sickened in succession, and were attacked with headache, sickness, and febrile derangements, clearly attributable to poisonous atmospheric agency. Examination showed that the drainage of the house was wretchedly imperfect. My youngest child did not, unhappily, escape so lightly as the rest of my household, and I have just brought her back to London, suffering from a most severe form of diphtheria, which, I need not tell your readers, arises almost invariably from bad drainage. I immediately wrote to the agent, and when stating the circumstances, warned him of the responsibility he incurred in again letting the house until the condition of the drains had been thoroughly investigated. In reply he stated, "I have made every inquiry into the state of the drains and water-closets, and find them unobjectionable."

On receiving this stereotyped answer, I sought an interview with the late Mayor, who is a fellow-practitioner, and asked his assistance. He told me there was no officer of public health at Brighton. He admitted the objectionable state of the drainage of the town, and told me he had been for years urging the subject on the attention of the Town Council, but in vain. As I could offer no evidence that the evil complained of extended beyond the house, he could not render me any assistance. I next appealed for advice to Mr. Simon, at the Board of Health in London. He told me Brighton had not put itself under the jurisdiction of the London Board. If an epidemic broke out, the Council could send a commission to investigate the subject; but in a case like mine he had no power, and although he had on several occasions alluded to the bad drainage of Brighton in his reports, the evil, he was well aware, still remained unaltered. Lastly, I appealed to Dr. Farr, at Somerset-House; he pointed out the following passages from a recent Report of the Registrar-General:—"The mortality in many of the towns has been excessively high, and this has been notably the case in Brighton. To take one instance, the deaths (386) exceeded the births (377) in St. Peter's, Brighton." The Registrar adds, "The inhabitants of this sub-district are chiefly artisans, mechanics, and the labouring poor. In many of their dwellings, a very insufficient supply of water has been available to them, owing to the dryness of the weather in the first portion of the quarter, the water in the wells in use having been very low. There is no effectual drainage attached to their dwellings, and the cesspool system is in general use."

In my communications with these gentlemen I have met with much sympathy, but no redress; and more than one official authority has told me, that for the latter I must appeal to public opinion through the press. It is, then, to assist the energetic local reformers, who are anxious to improve the sanitary state of Brighton, and render it one of the most healthy and (as I believe it to be) desirable residences during the autumn months, that I appeal, Sir, to you, even at the risk of damaging for the moment the pecuniary interests of the lodging-house keepers during this season, when the town is overflowing with fashionable society. All agree, that as long as Brighton fills, and the profession recommend it as an autumn residence, the ratepayers will not incur the expense of making sewers in place of cesspools, nor will individual landlords even trap the old ones.

I have the honour to be, Sir, your obedient servant,  
 Queen Anne-street, Nov. 1860. WM. ACTON, M.R.C.S.

P.S.—I regret to see in the obituary of *The Times*, the death of a distinguished officer from diphtheria, at a house in Brighton, only a short distance from my late residence.

#### DR. TODD'S PRACTICE IN ACUTE DISEASES.

(LETTER FROM DR. MURCHISON.)

To the Editor of THE LANCET.

SIR,—I regret that the ungrateful task is imposed upon me of replying to the letter which Dr. Beale has addressed to you.

Dr. Beale must certainly have been at a loss for an argument when he finds it necessary to bring forward a second time the paragraph in my review, in which, when alluding to the present antipathy to depleting treatment and the use of mercury, I stated: "The homœopaths, Dr. Bennett, of Edinburgh, and Sir John Forbes, have far more claim than Dr. Todd to their origination," &c. There are few, if any, unprejudiced persons who will not see that the meaning which I intended to

convey was, that homœopathy had enabled us to study the natural history of disease, and had in this way demonstrated the inutility of much of the treatment formerly pursued, and that the same conclusion had been established by the labours of Sir John Forbes and Dr. Bennett. My remark was founded on a knowledge of the views which both the physicians in question had publicly expressed concerning the influence of homœopathy on modern medical practice. Sir John Forbes, in his article "Homœopathy, Allopathy, and Young Physic," published in 1846, wrote as follows:—"We have no more right to reject the evidence supplied in favour of homœopathy by its professors, than we have of rejecting any other evidence in favour of any other medical doctrine, theoretical or practical." And again he speaks of homœopathy as "destined probably to be the remote, if not the immediate, cause of more important fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself." And lastly, he observes, "In this respect, if in no other, the doctrine of Hahnemann will have conferred an inestimable benefit on the healing art." Dr. Bennett also makes use of homœopathy as an argument against the necessity for bleeding in pneumonia. "Very severe cases of this disease," he remarks, "were observed by Dr. George Balfour, of Cramond, in the Homœopathic Hospital of Vienna, under a treatment that no reasonable man can suppose to be anything else than inert; yet most of these cases got well, and may be considered as excellent studies of the disease left entirely to nature."—*Edinburgh Medical Journal*, II., 787.

I am sure that none of your readers will believe that, in the expression quoted by Dr. Beale, I offered "what almost amounts to an indirect insult to two distinguished physicians," or that the sentence justified such language as the following:—"Who can read such a sentence without regretting that it should have fallen from a member of our profession, and that it should have been published in one of our medical journals." That Dr. Beale "objects very strongly" to the expression is quite immaterial; but it is very satisfactory to find, after communication with both the insulted physicians, that I have their authority for stating that they do not view it at all in an offensive light. One of these gentlemen writes to me as follows:—"Your review of Dr. Todd's Lectures I regard not only as an able, but as a true one. I quite agree with what you say of the homœopathists. Of course you never thought of insulting us." Your readers can now judge for themselves whether or not Dr. Beale's "objection" is founded upon another of those misrepresentations or distortions of my review, alluded to in my last letter.

In that letter I stated that during three years I had an opportunity of knowing all the cases of fever admitted into King's College Hospital under Dr. Todd, and that for this period the rate of mortality was quite equal to that stated in the review. Dr. Beale objects that the number of cases was so small that it is impossible to draw any conclusion as to treatment from them. I beg to observe that my statement was made, not to prove the large mortality amongst Dr. Todd's cases, but to show that it was not the custom for such a large number of *successful* cases to be omitted from Dr. Todd's case-books, as Dr. Beale wished to appear. Dr. Beale has not attempted to show that I was wrong. He has appealed to the hospital admission-book as a source of information for all the cases of continued fever admitted under Dr. Todd. If it be so, why does he not go through these admission-books for the entire nineteen or twenty years (which would be a very simple matter), and give us the results, in place of expressing his *opinion* that the results derived from the case-books are "utterly wrong"? My *opinion* is, that if the few cases said by Dr. Beale to have been omitted from the case-books had been included, the rate of mortality would very possibly have been greater than that stated in the review.

But truly it is a little amusing to find Dr. Beale objecting to the case-books, and himself appealing to the hospital admission-books. I have given some attention to these records, which are kept by unprofessional gentlemen, and I am confident that they are quite useless for obtaining correct information concerning the nature of the disease from which the patients have suffered. I have not now an opportunity of consulting these books; but I could point out more than one error amongst the very cases referred to by Dr. Beale. It was the knowledge of the perfect inutility of these admission-books for the object I had in view which induced me to adopt the much more laborious process of consulting the case-books. At the same time, if Dr. Beale will take the trouble of ascertaining the total results of Dr. Todd's fever cases entered in these admission-books, or if an opportunity be afforded to myself of

doing so, I shall be most happy to incorporate these results if I republish the review, and to give them their due weight.

Dr. Beale complains of some of my general remarks being "very indefinite and unsatisfactory." I think any of them will bear a favourable comparison with the following quotation from Dr. Beale's letter:—"I repeat that many of those who have watched Dr. Todd's practice, during periods of time varying from two to ten years, are convinced that some of the patients who recovered would otherwise have died." I might rejoin, that many practitioners have expressed their conviction to me, that certain patients would have recovered had it *not* been for Dr. Todd's treatment. I do not attach importance to such statements; but the argument is quite as good as Dr. Beale's.

Dr. Beale's letter contains some excellent observations on the manner of drawing up statistics of medical cases; but his strictures are more applicable to Dr. Todd's statistics of pneumonia than to mine. (See my remarks on this point in the *Review*, p. 330).

In the last paragraph of Dr. Beale's letter, there is something like an attempt to show that, after all, Dr. Todd did not prescribe stimulants more frequently, or in much greater quantity, than many other physicians. I need scarcely state, what is so generally known, that the administration of *brandy* in acute diseases was with Dr. Todd *the rule*, with other physicians *the exception*. Let us return to the fever cases once more. I have not now the means of consulting Dr. Todd's case-books, but I have an abstract of the fever cases contained in them now before me. I find that in 21 of these case-books in succession, extending over about six years, there are 137 cases of fever. Of these, no mention is made of the administration of wine or brandy in 18 cases; but the mere omission of any statement to this effect is no proof that brandy was not given, for in some of the cases even the medicines are not mentioned; moreover, at least one-half of these 18 cases were mild examples of febricula or relapsing fever, or were convalescent on admission. Of the remaining cases, wine, sometimes to the amount of 12 or 20 ounces in the day, was prescribed in 14 cases; while in 105, brandy, in various doses, was administered. Of these 105 cases, the quantity ordered in the day was less than 6 ounces in 13 cases; it amounted to 6 ounces or upwards in 89; to 12 ounces or upwards in 50; 18 ounces or upwards in 34; 24 ounces or upwards in 27; 36 ounces or upwards in 7; 40 ounces or upwards in 4; and 48 ounces or upwards in 3. In 3 cases the quantity of brandy is not stated; but in one of them it was evidently considerable. Moreover, in many of these cases, and in others which I have watched myself, the large doses of brandy were not prescribed only "for a short critical period," as Dr. Beale would wish your readers to believe. The following is one instance amongst many others showing that the critical period might be rather long:—A man, aged thirty-two, was admitted on the tenth day of typhoid fever, and was ordered 6 ounces of brandy in the day. On the eleventh day the quantity was increased to 12 ounces; on the seventeenth day to 24, and on the nineteenth day to 30 ounces; on the twenty-fourth day the quantity was 24 ounces; at four P.M. of the twenty-eighth day the brandy was increased to 40 ounces, and at nine P.M. of the following day the man died. Peyer's patches were found ulcerated.

I repeat—

1. That Dr. Todd believed his case-books to contain reliable data for forming some conclusion on the question at issue.
2. That Dr. Todd employed his case-books for the same object in another disease.
3. That Dr. Beale has, in my opinion, entirely failed to disprove the conclusions arrived at in my review. On this last point, however, your readers can decide for themselves.

One word more, and I have done. There was an *animus* displayed in Dr. Beale's lecture rather unfavourable to the cause which he advocates, and very unnecessary for discussing the question at issue. Perhaps he will be kind enough to tell your readers whether, when he assailed the review in his lecture, and spoke of it as degrading to medical literature, he was altogether ignorant that it had been written by a former "colleague at King's College Hospital."

I have the honour to remain, Sir, your obedient servant,  
Nov. 1860. CHARLES MURCHISON.

\* \* \* Here this controversy must cease.—ED. L.

INDIAN MEDICAL SERVICE.—Due notice should be taken by those interested in the announcement, that no separate competitive examination for the Indian Medical Service will take place in January next.