fact. In Belgium, where the criminal law is administered in the most despotic and barbarous manner, and the use of alum and every other noxious ingredient in the manufacture of bread is punished invariably with fine and imprisonment, and consequently bakers' bread is found in a state of perfect purity, rickets abound to such an extent that it is impossible to pass through any street in Brussels without meeting with children afflicted with it, and adults variously deformed by the same disease. This unhealthy condition of the osseous system in Belgian children is traceable to the general use of vegetable soups, their almost entire deprivation of bread and animal food, bad nursing, and constitutional unsoundness, occasioning a predisposition to scrofula. In short, when rickets occurs in any part of the world, it will be found to have been preceded by a peculiar disease in the villous coat of the bowels, the removal of which by appropriate remedies can alone be relied upon for the cure or prevention of the former malady. As a proof that the disease is of constitutional origin, I may add, that in every instance, and at all ages, when I have had opportunities of examining the bodies of rickety persons after death, I have found tubercular matter in the lungs, which had been deposited during the continuance of the morbid diathesis prevailing in their childhood.

Although alum cannot possibly produce ulceration in the bowels, taken in the quantity mentioned by Dr. Gibbon, nor rickets in healthy children according to the theory of Dr. Snow, I consider it culpable for bakers and millers to adulterate their flour with alum to produce a fictitious colour, or for any other purpose; and the practice would soon be discontinued were the penalties invariably enforced.

I am, Sir, your obedient servant,
Bernard-street, Russell-square, Aug. 1857. J. M. COLEY, M.D.

THE LATE DR. MARSHALL HALL.

To the Editor of THE LANCET.

SIR,—In your excellent and able article upon my late father, in THE LANCET of Aug. 15th, there is one omission which I shall be much obliged to you to rectify in the next number of your valuable journal by the publication of this letter.

Mr. Wildbore, surgeon, of Brighton, was almost daily my father's medical attendant for seven months, and, from a wish expressed by his late friend, was present at the post-mortem examination held at Nottingham.

It would, indeed, be ungrateful to a gentleman for whose kindness we feel so much indebted, not to remedy your unintentional silence respecting him. I am glad also to have this opportunity of acknowledging the kind attention of Dr. Hall, of Brighton.

In addition to Mr. Wildbore and our relatives, Mr. Higginbottom and Mr. M. H. Higginbottom, there were present at the post-mortem—Dr. Hutchinson, Dr. Ransom, Dr. Robertson, Dr. T. Wright, and Mr. Eddison.

I am, Sir, your obedient servant,
Snen-ton, near Nottingham, Aug. 1857. MARSHALL HALL.

TREATMENT OF THE CICATRICES OF BURNS AND SCALDS.

To the Editor of THE LANCET.

SIR,—Some three or four weeks back I had an opportunity of visiting the theatre of St. Bartholomew's Hospital, where I saw Mr. Skey perform several operations. One of the number was on the cicatrix resulting from a burn of the neck. Before performing this operation, Mr. Skey addressed a few remarks to the students present. He said (or words to the same effect) he had been for many years in the habit of dividing the cicatrix of burns by one long incision or dissection of the surface, but that these cases generally terminated in an unsatisfactory manner, owing to the contraction which occurred during the healing process, &c. During the last six months, however, he had pursued a different plan. Instead of making one long incision or dissection, he had made numbers of small transverse cuts about the surface of the cicatrix from all of which the healing process would commence.

During the three years (1849—52) I had the honour of holding the appointment of resident surgeon at the Queen's Hospital, Birmingham, I had always a large number of burns under my care.

In the *Provincial Medical and Surgical Journal*, July 7th, 1852, and in the number previous to that date, I published

articles entitled "Remarks on the Treatment of Burns and Scalds." In the latter paper, after detailing the good result which followed accidental rupture of the cicatrix of a burn, I say—

"There also seems to be no reason why the same principle should not guide the knife in cases of this description. Instead of dissecting the cicatrix, or dividing it, as is usually done, I would make an incision in different directions, and even leave small detached portions of integuments, and thus imitate what occurs when the parts are ruptured by force. Each promontory or isolated piece of integument becomes, as it were, a spring from which new matter is formed. This suggestion, however, requires to be practised ere its efficacy can be fully established, and I shall probably practise it in a case now under my treatment, and give the result to the profession."

I have now the notes of several cases in which this plan was followed by great success, but owing to my departure for India shortly afterwards, they have not yet been published.

It has therefore appeared to me, that should any merit attach to the originator of this method of treating the disfiguring cicatrix resulting from burns, such merit must of necessity be mine.

It is far from my wish or intention to assume a present equality with so eminent a surgical teacher as Mr. Skey, but I have considered it due to myself to make this communication to THE LANCET, and should have done so before, if I had had an earlier opportunity of referring to the quoted number of the *Provincial Medical and Surgical Journal*.

I remain, Sir, your very obedient servant,

W. J. MOORE,
Hales-Owen, Aug., 1857. Assistant-Surgeon H.E.I.C.S., Bombay Establishment, formerly Senior Resident Surgeon at the Queen's Hospital, Birmingham.

CHOLERA AND DIARRHŒA.

To the Editor of THE LANCET.

SIR,—In the interest of medical science, permit me to solicit a place for these few lines in your valuable journal. They are in answer to three letters which have appeared in THE LANCET relative to diarrhœa and cholera.

As to the letter of the 25th of July. If we all had gone to the bedside of our cholera patients well acquainted with anatomy, physiology, and pathology, and if we had there examined our patient scientifically, and free from preconceived opinions, as Mr. Joseph Allen has done, we should not be now discussing whether diarrhœa and cholera are two distinct diseases, or two stages of the same disease.

And as to the letter of the 1st of August. Mr. S. R. Pittard admits that he believes that diarrhœa always precedes an attack of cholera, but he adds, "that to assert that cholera is the last stage of diarrhœa" "*is absurd*;" and he continues: "Confound bronchitis, pneumonia, consumption, catarrh, and measles together under the name '*of cough*,' and you will get from your mortality tables just the same conclusion you get of the identity of diarrhœa and cholera."

Mr. Pittard is possibly not aware that his asserting that "*it is absurd*" to consider diarrhœa and cholera as two stages of the same disease does not make that conclusion *absurd* till he has brought proofs, collected at the bedside, that diarrhœa and cholera are two distinct diseases.

As the researches to prove that diarrhœa is the first, the most invariable, the most essential, and the most important symptom of cholera, are before the medical world, and as they are supported by the researches of every medical practitioner acquainted with medical science, was it not incumbent on Mr. Pittard to produce well-authenticated cases of cholera—that is, of vomiting, spasms, &c., without a previous diarrhœa?

His appeal to "*a cough*" cannot assist him here. To those unacquainted with pathology, a cough is a cough, and nothing more than a cough; but to those acquainted with pathology, the sound of a cough indicates bronchitis, or pneumonia, or consumption, or catarrh, or measles, as distinctly as the sound of a note in music is indicated to be true or false to the proficient in the science of acoustics. Therefore, if the mere sound of a cough, scientifically studied, can indicate to the pathologist the connexion which exists between a cough and diseases of the various organs of respiration, why should not a diarrhœa, scientifically studied, indicate the connexion which exists between this diarrhœa and cholera?

In conclusion, let me advise Mr. Pittard, and all those who, like him, believe that diarrhœa and cholera are two distinct diseases, to return to the study of anatomy, physiology, and