certain atmospheric condition as to heat, moisture, and electricity—exist.

As I hold the belief in the unity of the proximate cause of both Asiatic and English cholera, I maintain that the same remedy is applicable to both types; but as the one type manifests symptoms more severe than the other, so must the remedy be administered in greater quantity in the one than in the other. Hence, as the essential conditions for the generation of the choleraic poison exist both in this country and in India—as they are the same all the world over, and as the proximate cause is one and identical in both types of the disease, I maintain that, as arsenic cures English cholera, it would as certainly do the same in the malignant form of the disease. This remark will show to Mr. Serjeant, who, like Mr. Parri, has honoured my paper with a notice, that I do not entertain his fears that, in other localities than Chesterfield, arsenic “may not prove so efficacious a remedy.” On the contrary, I am convinced, not by theory, but by experience, that *wherever* cholera exists, whether upon the Thames or the Ganges, in the “trenches” of Chesterfield or the swamps of the East, beneath a temperate sky or under the influence of a tropical sun, it will be found amenable to the same remedy—to the specific virtues of arsenic.

I am, Sir, very truly yours,

Chesterfield, Oct. 1857.

C. BLACK, M.D.

THE ADULTERATION OF BREAD WITH ALUM NOT THE CAUSE OF RICKETS.

To the Editor of THE LANCET.

SIR,—Dr. Snow having, by a letter in THE LANCET of October 3rd, again attempted to maintain, without any proof, his conjecture that “the great prevalence of rickets in London and many other places” is due “to the decomposition by alum of the phosphate of lime of the wheat-flour” with which the London bakers manufacture their bread, I hope you will allow me, through your extensively-read journal, to inform Dr. Snow that he has entirely failed to adduce any evidence in support of his hypothesis. In my former communication, in THE LANCET of August 22nd, I adduced sufficient proof to satisfy any unprejudiced person that *rickets prevails most in those countries where no alum is consumed in the food of children*. A vague opinion, formed, like that of Dr. Snow, without due reflection and unsupported by facts, in consequence of the accidental discovery of an ounce and a half of alum in a quartern loaf, might excite serious apprehension in the public mind, were it not evident to every reasonable person that rickets occurs as often to children fed with home-made as with bakers’ bread in all parts of England, and that those nurtured in London with the London bakers’ bread, and properly nursed, are as free from rickets as the children in any district of England containing the same amount of population. In short, everyone who may have been long abroad must be forcibly struck, on his return, with admiration of the beautiful symmetry and excellent health of the London children, consuming the bread of the London bakers, who almost universally adulterate their flour with an *innocuous* portion of alum, to satisfy the false economy and morbid taste of the public to have bread rendered artificially white. The presence of an ounce and a half of alum in a quartern loaf must be admitted to have been an extraordinary occurrence, and I must leave Dr. Snow to explain to the London bakers, who are practically acquainted with the process of fermentation, how it was possible for that process to have been effected during the presence of such an immense quantity of alum.

I cannot conclude this needless controversy without repeating my disapprobation of the practice of adulterating flour or bread with alum, and my conviction that it would soon be discontinued were the penalties rigidly enforced, and the consumers of bread satisfied to pay an *ad valorem* price according to the quality of so necessary an article of food.

I am, Sir, your obedient servant,

Euston-place, Euston-square,
October, 1857.

J. M. COLEY, M.D.

A STUDENT'S GRIEVANCE AT ST. BARTHOLOMEW'S HOSPITAL.—PUNCTUALITY.

To the Editor of THE LANCET.

SIR,—Lend us a helping hand. I will not begin my letter by flattering your paper, and saying that it can do *anything* it likes, you are above that, or ought to be; suffice it to say, that we its readers know how you handle a matter when you

take it in hand, and therefore when we are in difficulties we come to you.

There is at present, and has been for some time, a nuisance at St. Bartholomew's Hospital, and I dare say at other hospitals also, which has become quite irksome to the students—not to myself alone, that were a small thing, but to *all* the students—and that is, that most of the “hospital staff” do not observe anything like punctuality in the time they arrive to go round the wards or see the patients; nay, it is ridiculous to talk of “punctuality” when we are sometimes kept an hour or an hour and a half lounging idly about the square of our hospital. There is no doubt great dignity in being waited for, and perhaps those who have large practices do not think it worth while to arrive just at the time appointed; but do they consider that the time is not their own, but *ours*, which they thus waste? There may be a hundred students waiting to go round the wards, and if they are all kept only an hour, that will be a hundred hours, or more than four days lost! yes, lost and idled, because some one will not come at the time he has stated. We cannot go and read, because we shall continually have to jump up to see if “he” has come yet. Most of those students who now, soon after one o'clock, assemble in groups in the square, to talk about the “moral state of the Ashantees,” or some other equally wise subject, would willingly give up the expression of their own ideas on any topic to listen to those of their preceptor in the wards, as is well seen by the rush when the carriage rolls into the square an hour or an hour and a half late.

It is the same at the “out-patients’ room”—always an hour late.

Sir, this is a great waste of time, and one which we shall feel afterwards. We hope to learn something else besides medicine at our large hospital—we hope to form principles upon which we can act hereafter, and as you tell us regularly every October, “As our student life is, so will our practice be hereafter.” If, then, the staff teach us to esteem punctuality so little, we shall some future day regret the formation of a bad habit as much as we now do the loss of our valuable time.

I am, Sir, your obedient servant,

October, 1857.

D. P., STUDENS.

P.S.—You are at liberty to attach my name to this communication if you think proper.

A MONUMENT TO MARSHALL HALL, F.R.S.

To the Editor of THE LANCET.

SIR,—Although there is no fear that the name of Marshall Hall will be forgotten, yet I think there should be a conspicuous and enduring memorial of this great physiologist; and as Nottingham was the place of his first labours, and chosen as his last resting place, the beautiful cemetery of that town is, I think, the most suitable place for its erection.

I would most respectfully suggest that the medical men of Nottingham form themselves into a committee (adding other brethren wishing to act) for carrying out this object; and that the expenses be defrayed by the voluntary subscriptions of the members of our profession.

I am, Sir, your obedient servant,

October, 1857.

R. B.

THE REGIUS PROFESSORSHIP OF MEDICINE AT OXFORD.

To the Editor of THE LANCET.

SIR,—In your article in commendation of Dr. Acland, of Oxford, in THE LANCET of October 10th, there is an error which I should wish to correct. The University of Oxford took no part in favour of Mr. Headlam's Medical Bill. Dr. Acland did, indeed, join a deputation to Lord Palmerston in favour of it; and this was assumed by the papers to express the sentiments of the University. But that the University did not in any way commission Dr. Acland for this purpose I know on good authority. In the rest of the article I cordially concur.

I am, Sir, yours truly,

Oxford, October, 1857,

OXONIENSIS.

At the Hospital of La Riboisière, the “bilis bovina” has been used as an injection for cysts of the liver. The practice originated from a spontaneous cure after the rupture of the bile duct into the cyst.