

the formidable array of the poisonous alkaloids. Poisons are to be sold only to adults and in the presence of an adult witness; and, after the Bill comes into force, none but medical men are to supply any of these poisonous substances except under the above restrictions. But there is a clause added which allows poisons to be served to persons known to the vendor. It seems now an acknowledged principle in passing a Bill of any sort always to make it twice as comprehensive as is requisite; thus providing a broad margin for the clippings of committees, with "ample room and verge enough" for the mutilations of members who think they satisfactorily fulfil their parliamentary duties by moving amendments on every subject introduced by any party but their own. As it is evident that the Board of Health must have been aware of the objections to the first Bill proposed equally as well as a committee of the House of Lords, it is very lamentable that a really practicable measure was not introduced at first. If dearly-bought experience is to be taken as a guide, this delay of a Bill restricting the sale of poisons may be accompanied by the death, either accidental or intentional, of some whose lives the timely passing of a judicious measure might have saved.

MEDICO-PARLIAMENTARY.

Thursday, Aug. 13th.—Mr. Estcourt inquired whether anything was to be done for suppressing the noxious trades of Lambeth, the abominable odour from which penetrated even into the House of Commons.

Sir B. Hall explained that the House had chosen, in the Act of 1855, to expunge a clause imposing penalties on local authorities for neglect of duty. The vestry of Lambeth now refused to interfere and suppress the nuisances; so the Commons were suffering from their own remissness.

Friday, Aug. 14th.—Report of Lunatic Commissioners (Ireland) presented.

Mr. Stafford expressed a hope that the arrangements of Netley Hospital would be re-considered, and the opinions of Dr. Parkes and Dr. Sutherland consulted.

Mr. Tite also pointed out the deficiencies in the building now proposed to be erected, at the cost (*query*, waste?) of a quarter of a million.

Saturday, Aug. 15th.—In discussing the Crowded Dwellings Prevention Act, Mr. Cowper explained that the Bill of the Lords had been amended so as to draw a careful distinction between family abodes and lodging-houses, the Bill being intended only to apply to the latter.

Monday, August 17th.—In committee on the Crowded Dwellings Prevention Bill, much irrelevant nonsense about the liberty of the subject was talked; this much abused and elastic term being employed to advocate the immoral and unhealthy herding together of the poor by greedy householders, who are only subjects in so far as they are *mauvaises sujets*. Two of the metropolitan members, Messrs. Cox and Ayrton, were amongst the objectors to the Bill. The committee was adjourned till

Tuesday, August 18th, when the same complaints were again made by the same members.

Lord Palmerston very justly rebuked them, and said that "the question was one between speculating builders, wishing to overcrowd the houses they erected, and the poor who were the victims of their cupidity." Committee again adjourned.

In reply to a question from Mr. Stafford, the Under-Secretary of War stated that the medical comforts and medicines were sent in the same ships with the troops to China. We therefore trust there is no foundation for a very loudly-whispered rumour that this was not the case.

Wednesday, Aug. 19th.—In committee on the Sale of Obscene

Books, &c., Prevention Act, it was decided that all cases under the Act should be submitted to two justices, and that some overt act should be committed before proceedings could be instituted.

DR. MARSHALL HALL.

THE "remains" of this really great man were entombed in the cemetery at Nottingham on Wednesday last, amidst the lamentations of numerous relatives and friends and a host of medical practitioners. As a mark of respect for the memory of THE ENGLISH PHYSIOLOGIST, the Mayor of Nottingham attended in his official character. Archdeacon Wilkins was also present on the melancholy occasion. Never did a funeral at this cemetery produce stronger feelings of regret for departed greatness.

Correspondence.

"Audi alteram partem."

ON ADULTERATION OF BREAD WITH ALUM.

To the Editor of THE LANCET.

SIR,—Two London physicians having lately declared war against the London bakers, I think it is only common justice that the latter should be protected against the prejudice and injuries which may arise from the visionary opinions of their adversaries. In the *Times* of April 11th was published a Report by Dr. Septimus Gibbon, read before the board of works for Holborn, and ordered to be printed for general circulation in the district. In this Report, Dr. Gibbon asserts that alum "produces at first costiveness, afterwards great irregularity in the bowels—that is to say, great alternations of costiveness and looseness, with ulceration." Again, he says, "the fatal diarrhoea of infants under three years of age may also have arisen from, or been aggravated by, this cause—i. e., the alum contained in baker's bread." I have no hesitation in stating that diarrhoea, dysentery, and consequent ulceration of the bowels, arise from malaria or the sudden vicissitudes of temperature, and the want of proper warmth and clothing, to which the poor in London and other large towns are more or less exposed; and that alum is one of the most efficacious medicines for the treatment of ulceration, and that granular condition of the mucous membrane of the intestines, which, being attended with profuse purulent discharge, is often mistaken for ulceration.

One of the most frequent causes of fatal diarrhoea in children is *tubercular muco-enteritis*, which is a constitutional disease, and has no more connexion with the use of alum than tubercular consumption of the lungs, which is a disease essentially of the same nature. Were the medical officer of health to divert his attention from the imaginary poison of alum to the crowded habitations of the poor, he would be able to discover disease constantly generated in the offensive atmosphere of their apartments, and contaminating more or less the whole of his district.

Dr. Snow having, by some mischance, found an ounce and a half of alum in a quartern loaf, purchased at the west-end of London, forthwith published, in THE LANCET for July 4th, a singular hypothesis for the consideration of the profession, which refers the origin of *ricketts* to decomposition of the phosphate of lime in the bones produced by the alum contained in the bread made by the London bakers. As Dr. Snow solicits the opinions of other medical practitioners on this subject, I beg to differ entirely from him respecting the cause of rickets, first by observing that nutrition is a chemico-vital, and not entirely a chemical process, as he appears to believe; and, secondly, that the disease in question is most general in those countries where the use of alum is strictly forbidden in the manufacture of bread. In that feeble condition of the system which is apt to occur to some children, during which the healthy function of the abdominal ganglionic nerves, on which digestion, assimilation, and nutrition depend, is interrupted, chemical decomposition sometimes takes place, injurious to health, which might be modified or prevented, were these vital or animo-chemical functions in a state of due activity. Taking, therefore, only a physiological view of the subject, it is evident that Dr. Snow's theory is without foundation; otherwise, every child partaking of the bread made by London bakers would necessarily have rickets, which, it is well known, is not the

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,

Hales-Owen, Aug., 1857.

W. J. MOORE,
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