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 fulfill 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.

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 funeral in this cemetery produce stronger feelings of regret for departed greatness.

Correspondence.

"Aud 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 malicious 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 constiveness, 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 the mere ingestion of alum, as this cause—i.e., the poison 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 Londoners 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 mucous-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 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 quartar loaf, purchased at the west-end of London, with which he published a paper. In those conditions, a single hypothesis for the consideration of the profession, which refers the origin of rickets 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 not general. In those conditions, the use of alum is strictly forbidden in the manufacture of bread. In that feebly 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 animal chemical functions in a state of due activity. Taking, therefore, purely a physiologic view of the subject, I must say, 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 other severe penalties, bread is found in a state of perfect purity, rickets abounds 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, which by appropriate remedies can alone be relieved upon the cure or prevention of the same; and the practice would soon be discontinued were the penalties invariably enforced.

In the Provincial Medical and Surgical Journal, July 7th, 1852, and in the number previous to that date, I published an article entitled “Remarks on the Treatment of Burns and Scalds”; and 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 a detached portion of the cicatrix, 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 tried 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 it is only in the event of 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 profession, when I might be enabled to act upon it 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,
Assistant-Surgeon, H.E.I.C.S., Bombay Establishment, formerly Senior Resident-Surgeon at the Queen's Hospital, Birmingham.

TREATMENT OF THE CICATRICES OF BURNS AND SCALDS.

To the Editor of THE LANCET.

SIR,—In your excellent and able article upon my late father’s illness, in THE LANCET, Aug. 15th, you say—

"Mr. Pittard to produce well-authenticated cases of cholera—"that is, of vomiting, spasms, \\n&c., without a previous diarrhœa?"

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 "an idea which has sprung from bronchitis, pneumonia, consumption, catarrah, 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 positively to the effect that his assertion that "it is absurd;) and he continues: "Confound the connexion between a cough and diseases of the various organs of respiration, why should not a diarrhœa, scientifically studied, can indicate to the pathologist the nature of the dissection and the connexion which exists between a cough and diseases of the various organs of respiration, why should not a diarrhœa be considered as a distinct disease, or two stages of the same disease."

Mr. Pittard is not aware that his asserting that "it is absurd;) and he continues: "Confound the connexion between a cough and diseases of the various organs of respiration, why should not a diarrhœa be considered as a distinct disease, or two stages of the same disease."

As to the letter of the 20th of July, if we all had got 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.

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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