first and third Edward, both agriculture and commerce received a powerful impulse. Mr. Hallam calculates that the labouring classes, especially those employed in agriculture, were better provided with the means of subsistence in the reigns of Edward III and Henry VI than they are at present. (*Middle Ages*, 1846, ii, p. 433.)

From the impossibility of preserving the summer stock, the winter's provision depended upon salted or larded meats, whence our word "larder." Although animal food was consumed in abundance, especially pork, fish was also eaten in large quantities, together with choice morsels from the whale, the porpoise, the grampus, and the sea-wolf. The fish was frequently dried, constituting stock-fish, which required to be beaten by a mallet upon a block or stock before it was fit for consumption.* Wheat bread was the luxury of the great. Among the poorer classes, missilen-meal or monk-corn was baked and stored in large quantity, and, when very dry, was damped and a second time warmed in the oven.

It is interesting to note, from the great importance of vegetables as articles of diet, that a large number of green herbs were known and used, including the cabbage tribe, peas, beans, beet-root (which was the chief esculent), pot and sweet herbs, lettuce, water-cress, onions, and garlic.

In concluding this brief sketch of a very important subject, I would beg you to observe that my time has admitted of nothing beyond a bare outline; I have been obliged to content myself with doing little beyond laying before you certain particulars which have been collected by others, respecting the habits of our forefathers, merely suggesting, as I proceeded, the conclusions to which they point in relation to the subject of sanitary science. I think that they indicate much ignorance of the very principles of health, and almost entire neglect of its laws.

With one observation, I will end. My remarks have direct relation mainly to domestic habits, but indirectly they must be accepted as bearing upon the condition of society in its public as well as in its private capacity. As I have already remarked, the habits of domestic life are reflected in those of a more public character; and where the economy of the house is ignorantly administered, we can hardly look for better regulation in municipal or public concerns.

Various circumstances will, of course, modify the result; an imperfectly developed condition of internal trade and manufacture may not have presented one of the chief inducements now offered to overcrowding in our towns; a country life may have produced a more hardy state of constitution than is met with in our manufacturing districts; but still, after allowing for these disturbing influences, we may safely return to the position just laid down.

An important branch of the subject relates to the history of disease, in so far as its outbreak may be referred to defective sanitary arrangements. Upon this subject, of course, I cannot enter; it has, however, been treated in a masterly manner by Dr. Murchison, for the period subsequent to the revival of letters; anterior to that period, but scanty materials can be obtained. I may venture to assert that, so far as our knowledge upon this subject extends, it entirely accords with the *a priori* conclusions to which I have been led in the course of my present paper.

* The first great encroaching of the towne (Kingston-upon-Hull) was by passing for fish into Ireland, from whence they had the hole trade of stoke fish into England, and partly other fish. (Quoted by Mr. Turner from Leland's *Itinerary*.)

ON THE TREATMENT OF STRABISMUS WITHOUT OPERATION.

By C. HOLTHOUSE, Esq., Surgeon to the Westminster Hospital, and to the Surrey Ophthalmic Hospital, etc.

In my treatise on Strabismus, published in 1858, I commenced the chapter on the treatment of this affection in these words: "If the view I have taken of the pathology of strabismus be correct, it must be obvious that no treatment can be of any avail in confirmed strabismus, except division of the shortened muscle;" but I followed up this statement by the following: "There must, however, be a stage of contraction antecedent to that of structural shortening, in which medical (that is non-operative) treatment is called for, and is, moreover, sometimes successful in removing the deformity." Into the consideration of this, I now propose to enter.

An essential preliminary to every rational mode of treatment, is a knowledge of the pathology of the affection with which we have to deal, and the more nearly we approach exactitude in this respect, the more likely is our treatment to be rational in its scope and certain in its results; I shall, therefore, premise the discussion of treatment by a few preliminary remarks on the pathology of strabismus, and the class of cases which are best adapted for tentative efforts at a cure without operation.

For practical purposes nearly every case of strabismus may be grouped under one or other of the two following divisions: 1. The nervous or paralytic. 2. The muscular, or non-paralytic; the loss of association in the movements of the eyes depending, in the first group, on a loss of innervation or paralysis of one of the ocular muscles; whilst in the second, the innervation is perfect, or may be in excess, but one or other of the muscles has undergone some functional derangement, or structural change. Of the nervous or paralytic strabismus, we are too little acquainted with the changes which take place in the nervous elements as a consequence of disease, to be able to say, in all cases, how the suspension of their functions is brought about; but reasoning from analogy, and from what we know of the causes which give rise to more general paralyses, as hemiplegia, we may assume that pressure plays a not unimportant part; and this may arise either from over distension or congestion of the bloodvessels, from extravasation of blood or serum, from inflammatory effusions, or from tumours, whether osseous, neuromatous, vascular, or of any other nature; and the action of these may be either on the brain, or on the nerves issuing from it in any part of their course. We have, therefore, to consider in the first place, whether the paralysis has a cerebral or a nervous origin; and, in the latter case, whether it is within the cranium proper or within the orbit; thus we may not unfrequently arrive at a correct estimate both of the locality and the nature of the mischief.

The larger proportion of cases of paralytic strabismus which fall under the notice of the ophthalmic surgeon, are not of cerebral origin, or at least there are no symptoms to indicate any such lesion, while of the nervous cases, rheumatism and syphilis furnish the most abundant examples. The following case, though narrated in a former work (*On Squinting, Paralytic Affections of the Eye, and Certain Forms of Impaired Vision*) is worth republication from the bearing which it has on the foregoing remarks.

CASE I. *Paralytic Convergent Strabismus, of Intracranial and Nervous Origin, from Syphilitic Periostitis of the Basis Cranii.* James P., aged 30, a compositor, applied to me at the Public Dispensary, Lincoln's Inn, March 6, 1847, with the following symptoms.

He had a convergent squint of the left eye, and was unable to abduct it, or even to bring the cornea into a central position, he could, however, rotate it further inwards, as well as upwards and downwards. The size and movements of the pupil were normal, and the vision of each eye, when examined separately, was good, though when both were open the patient experienced much confusion of vision. When told to put out his tongue, it was observed that the point deviated to the left, and that the two sides of the organ presented a remarkable contrast, the left half being atrophied, broad, flat, thin and flabby, whilst the right was firm, plump and roundish. The paralysis of half the tongue was attended with considerable inconvenience in mastication; but produced no appreciable effect on the patient's articulation. Sensation and taste on the paralysed side were perfect. The patient complained of constant pain in his head and at the back of his neck. The above symptoms first made their appearance in July of the preceding year, and had hitherto resisted the treatment adopted. When he applied to me, I recognised him as a patient who had been under my care some months previously to the present attack, for syphilitic periostitis of both tibiae, and coupling this fact with his present symptoms, I concluded that they arose from a similar disease affecting a portion of the basilar process of the occipital bone or its periosteum, and implicating the sixth and ninth nerves at their origin.

Under the influence of an antisyphilitic treatment, this patient was quickly relieved of the pain in his head and neck, and slowly recovered power over the external rectus. The paralysis of the left half of the tongue was more slow in disappearing, so that on the July 12th, 1847, when he again consulted me for a slight return of the head symptoms, the tongue had undergone no alteration, but the strabismus was less marked; he was able to move the eye slightly beyond the central position, and to maintain it in the centre of the orbit, though of course the sound eye then became inverted. Six years afterwards, when I again saw this patient, all traces of the strabismus had disappeared, and a scarcely appreciable difference could be discerned between the two sides of the tongue.

This case is a good example of complete recovery of the external rectus of one eye from a paralysis of many months' duration, and which led to no shortening of its antagonist, or to any implication of the adductor muscle of the opposite side. Both of these results may follow a paralysis; so that when the latter is cured, either of them, as pointed out by Von Gräfe, may lead to an ordinary concomitant squint.

UNIVERSITY COLLEGE HOSPITAL. A contribution of £50 has been received from Mrs. Bishop, the widow of the late Mr. George Bishop, founder of the Bishop Observatory, formerly chairman of the Hospital Committee.

CHOLERA REWARDS. The town of Ancorre has presented silver medals to the military officers who rendered their services to the inhabitants during the late cholera epidemic. The French government has decided that seven medical students who particularly distinguished themselves by their services during the prevalence of the cholera at Toulon, Solles-Pont, Var, and Raon-l'Etape, Vosges, shall be exempt from all further charges in the completion of their studies. The Minister of Public Instruction has also awarded to one of the seven, M. Gensollen, student at Montpelier, a valuable scientific work, with an inscription stating the cause for which it was given.

Reviews and Notices.

AN INTRODUCTION TO THE STUDY OF MEDICINE; to which is appended a Report on the Homoeopathic Treatment of Acute Diseases in Dr. Fleischmann's Hospital, Vienna, during the months of May, June, and July, 1846. By GEORGE WILLIAM BALFOUR, M.D.St. And., F.R.C.P.Ed., Lecturer upon Practice of Physic, etc. Pp. 307. Edinburgh: 1865.

It must not be inferred, from the title of this book, that it is an elementary class-book intended to introduce students to the rudiments of their profession. Its scope is widely different. Dr. G. W. BALFOUR is a physician who has evidently read and reflected much, and who is impressed with the conviction that, when we have acquired all the knowledge which is ordinarily demanded of us, we have not at most done more than begin the proper study—the intellectual examination—of medicine. To point out some of the directions in which this study may be carried out, and to give the results of his own work therein, is the object which Dr. Balfour has in view. How he has carried out that object, let us now examine.

In the first or Introductory chapter, the author refers to the fact of his having been the first to lay before the profession in Edinburgh the results of the treatment of pneumonia followed by Skoda of Vienna—a treatment which consisted in withholding from the patients all active medication, and which Dr. Balfour calls “one of the most remarkable experiments in medicine ever undertaken.” He lays claim to the merit of having first indicated a line of practice which, though at the time (1847) condemned by Dr. John Gairdner, Dr. Hughes Bennett, and other speakers in the discussion which followed the reading of a paper by him before the Edinburgh Medico-Chirurgical Society, has since become accepted even by those who were opposed to it, and regarding which now the great question is, not whether it is right, but why it is right. “There is no longer,” says Dr. Balfour, “any doubt as to whether it is right to bleed in inflammation; the only point in question is, *why* this is no longer the case.” This would seem to denote that blood-letting is altogether wrong; yet, as we shall presently see, Dr. Balfour in another chapter endeavours to explain in what way blood-letting does good in inflammation. The reasons alleged for the change in the therapeutics of inflammation are, as is well known, the theory maintained by Dr. Hughes Bennett and his supporters, that the modern improvements in diagnosis and pathology have led to a better understanding of disease, and therefore to a better treatment; and the theory of change of type. In examining these reasons, Dr. Balfour goes back into the past ages of medical history; and shows that in the blood-letting controversy, as in other matters, there is “nothing new under the sun.”

First, as to the relations between pathology and therapeutics, he argues, very correctly, so far as regards the discovery of remedial agents in past ages, that

“Speculative ideas of the nature of disease have exerted little real influence upon medicine as a science of therapeutics, and still less upon it as a practical