preceding ulceration, but this doubt could scarcely be permitted to have much influence over treatment.

To Dr. Francis' query respecting the applicability of oxygen in the two cases in question, I would decidedly answer in the affirmative, notwithstanding the tendency in the disease "to travel downwards," for although this would naturally augment the danger to life, and give less chance to the gas, yet, as a rule, it would not militate against the inhalation, properly managed.

Whenever a fatal termination appears imminent, and other means have failed to stop the progress of the ulceration and sloughing, I would emphatically say, "Give a fair trial to oxygen, but do not postpone it until too late." The force of the poison having overwhelmed the vital powers, the due interchange of oxygen and CO_2 becomes almost suspended, and (omitting reference to the other alarming symptoms) unless we can restore oxygenation and vitalization, increased prostration, with rapid extension of ulceration and sloughing, must necessarily take place.

Dr. Francis' interesting case shows what oxygenation, boldly administered, may do in scarlatina. Let it be fairly tried, whatever be the precise modification as to symptoms, and not a few (otherwise hopeless) cases may possibly be saved.

I have merely to add, that if the gas cause much distress and cough, it would to a certain extent bear dilution with atmospheric air, without impairing its efficacy.

I remain, Sir, your obedient servant,
Upper Kensington Gore, March, 1858. S. B. BIRCH, M.D.

THE PROFESSION AND THE HOMŒOPATHS.

To the Editor of THE LANCET.

SIR,—In reply to your request for a brief statement of the case which has created some disturbance in this neighbourhood, the facts are, we believe as follows:—Mr. Philbrick, a surgeon in general practice at Stamford, was called in to attend a gentleman at — Park, between Stamford and Peterborough, on Feb. 16th. On the 17th, another opinion being desired, Dr. Bell, a homœopathic practitioner from London, was suggested. On Mr. Philbrick raising objections, it was eventually agreed that Dr. Paley of Peterborough should be called in. The attendance of Dr. Paley and Mr. Philbrick continued until the 22nd, when the former was apprised that his services would not be required any longer, as Dr. Bell had undertaken the case; and the latter was requested to continue his attendance in the surgical department, the case requiring the use of the catheter. Mr. Philbrick again declined to act with the homœopathic gentleman, requesting to be allowed to withdraw, and suggesting that a homœopathic surgeon should be telegraphed for from London to accompany Dr. Bell, as he did not think that one would be found in Stamford to act as he was desired. The family, however, obtained the assistance of Mr. Jackson, F.R.C.S., and Senior Surgeon to the Stamford Infirmary, who undertook, according to the statement of the lady, to "do what was necessary, and act under Dr. Bell's orders"—from his own account, to attend to the surgical department *only*, not even seeing Dr. Bell on the medical treatment.

On the 26th, the patient not being so well, another opinion was desired, and Dr. Bell was requested to obtain the services of Mr. Fergusson, of George-street, Hanover-square. He was successful, and they proceeded together into Northamptonshire, where Mr. Jackson met them at — Park; whereby it is supposed that he countenanced this sort of *fusion*, the orthodoxy of which is questioned. Mr. Fergusson states that "his services were required solely as a surgeon, and as far as he was concerned there was no consultation on the subject of homœopathy."

The patient is, we believe, convalescent, and has now placed himself under Mr. Jackson's care, Dr. Bell having taken his leave.

This we believe to be a simple statement of facts, and remain, Sir, your obedient servants,

SPENCER PRATT, M.D.
FORTESCUE JOHN MORGAN, M.R.C.S.
J. M. HEWARD, M.R.C.S. &c.
W. D. EDDOWES, M.R.C.S.

Stamford,
March 23rd, 1858.

PERTUSSAL GLUCOSURIA.

To the Editor of THE LANCET.

SIR,—I have read with much interest and pleasure the letter of Dr. Johnston, of Birmingham, upon this subject, in THE LANCET of last week. An explanation, however, is due from

326

me as to there being no mention of my discovery of the saccharine condition of the urine in whooping-cough in my work published in 1854, to which he has alluded. It was in the early part of the year 1854, when analyzing specimens of pertussal urine, that I first became aware of its saccharine condition. My book was issued in June; and I did not feel myself justified at the time in announcing the discovery in it, as I contemplated a further series of experiments. In the summer of the same year (1854), I prepared a paper on the "Pathology of Saccharine Assimilation," which I had the honour of reading before the Medical Society of London on the 27th of January, 1855, and published *in extenso* in THE LANCET of the 10th, 17th, 24th, and 31st of March following. In that paper the first public announcement of the discovery was made, together with many others of not less importance. I do not by any means consider the glucosuria the cause of the pertussis; it is one of the links in the chain of phenomena of that remarkable disease, which may be mainly due to pneumo-gastric nervous influence especially at fault in the pertussal affection itself. I have continued my researches upon the pathology of this disease, which I will make public at a future time. In the mean time, it is a matter of considerable satisfaction to have one's labours corroborated and confirmed by such an experienced observer as Dr. Johnston.—I am, Sir, yours, &c.

Queen-square, March, 1858.

GEORGE D. GIBB, M.D., M.A.

TREATMENT OF STRABISMUS.

[LETTER FROM MR. CARSTEN HOLTHOUSE.]

To the Editor of THE LANCET.

SIR,—I feel obliged to your reviewer for having called attention to the following statement in my recent work on Strabismus, which it would seem is liable to misconstruction:—

"There is no case of strabismus that may not be improved, and but few that may not be completely cured by it," (the operation.) If this statement were made in the unqualified way in which he quotes it, it would certainly be "a very rash and extreme opinion," one that "no other ophthalmic surgeon of experience would subscribe to," and it would have "a dangerous tendency to affirm thus emphatically the universal applicability of surgical procedure, at the same time that all other expedients are disregarded." If the context be attended to, and the entire passage from which the words criticized are extracted be read, I think your reviewer will see that he has put a different construction on the sentence to that which was intended by myself.

Having shown in the preceding chapter that the essential cause of confirmed non-paralytic strabismus was a shortened or hypertrophied condition of that rectus muscle in the direction of which the eye was drawn, I commence the next chapter on the treatment of strabismus in the following 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 squint, except division of the shortened muscle. There must, however, be a stage of contraction antecedent to that of structural shortening, in which medical treatment is called for, and is, moreover, sometimes successful in removing the deformity. Into the consideration of this I do not propose to enter; but I shall confine my remarks to the surgical treatment of permanent strabismus." And a few lines further on, referring to the treatment of confirmed strabismus by myotomy, I add—"Now, I am prepared to maintain that there are few, if any, operations so entirely unobjectional and successful as the one in question, and, when properly performed, there is no case of (permanent) strabismus that may not be improved, and but few that may not be completely cured by it." It will thus be seen that in the paragraph from which the extract was made, I was treating of confirmed strabismus attended with structural shortening of the muscle, and not of those temporary and intermittent examples of the affection which can be cured medically, and in which an operation would be inadmissible.

I am, Sir, yours, &c.,

C. HOLTHOUSE, F.R.C.S.

Storey's-gate, St. James's-park, March, 1858.

GLYCERINE AND THE VEGETABLE EXTRACTS.

To the Editor of THE LANCET.

SIR,—Upon a former occasion I had the honour of drawing your attention and that of your readers to the remarkable property possessed by glycerine of dissolving certain articles of