
PART II.

CRITICAL ANALYSIS.

I.

Transactions of the Medical Society of London, Vol. I. Part I. London, 1810. pp. 248.

MEDICAL science is indebted to the society of Bolt-Court for six volumes of memoirs. Owing we believe to some unfortunate schism amongst its members, their publication was suspended; but the volume now before us is a proof, that the attention of the society is again directed to the proper object of its institution. To the printed selection of the papers presented to it, the title of *Transactions* is now given, and it is proposed to publish at more regular intervals than heretofore.

The articles in the present part are not very numerous, and it is unnecessary to class them. The first is on *Medical Technology*, from the learned secretary, John Mason Good, Esq. It evinces considerable knowledge of tongues, in exposing the barbarous and incongruous derivations of our medical nomenclature, and contemplates the sources of its impurity and perplexity, under the following heads,

“First, the intermixture of different tongues that have no family or dialectic union. Secondly, the want of a common principle in the origin or appropriation of terms. Thirdly, the introduction of a variety of useless synonymes, or the adoption of different words by different writers to express the same idea. Fourthly, imprecision in the use of the same terms. Fifthly, an unnecessary coinage of new terms upon a coinage of new systems.”

But Mr Good goes further, he has attempted to reform our nomenclature, according to general principles. Those selected by him are,

1. To discard, as much as possible, equivocal terms, or, where this cannot be done, to affix a precise meaning to each, and to use it in that sense only.

2. To create as few new words as possible, and among synonymous terms now in use, to select one, and use it exclusively.

3. To limit our language, as much as possible, to one source, the Greek.

Lastly, To pay a scrupulous attention to the sense in which we employ the affixed, and suffixed particles, which are used in compound terms to express the peculiar quality of the disease, denoted by the theme or radical. Attention to this rule is, in the opinion of Mr Good, absolutely necessary to a due simplicity and precision in our nomenclature, and in conformity with it; but, as we shall see, in direct opposition to his second rule, he suggests the following regulations, upon which his nomenclature is constructed.

“ 1. Let the particle *a* (α) express alone the idea of total privation; as in *amentia*, *agalactia*, *amenorrhæa*.

“ 2. Let *dys* ($\delta\upsilon\varsigma$) express alone the idea of deficiency, as its origin $\delta\upsilon\nu\omega$ or $\delta\upsilon\mu\iota$ most naturally imports, and as we find it employed to express in *dys-pnæa*, *dys-cinesia*, and *dys-phagia*.

“ 3. As an opposite to *dys*, let *en* ($\epsilon\nu$) be employed as an augmentive particle, as we have it in *en-harmonic*, *en-telechia*, and *en-ergetic*. *En* is not often, indeed, a medical compound, nor do I recollect its being employed in more than two instances; *en-cephalon*, in which it has the sense of *interior* (a word, indeed, that has been long falling into disuse), and *enuresis*, in which it imports excess, and is consequently used as now recommended. Thus restricted, $\epsilon\nu$ and $\delta\upsilon\varsigma$ will have the force of $\delta\upsilon\tau\alpha\rho$ and $\kappa\alpha\tau\alpha$, but will be far more manageable in the formation of compounds.

“ 4. Let *agra* ($\alpha\gamma\rho\alpha$) be restrained to express the idea of simple morbid affection in an organ, synonymously with the Latin *passio*, or the *berh* of the Arabians.

“ 5. Let *itis* ($\iota\tau\iota\varsigma$) express alone the idea of inflammatory action, as in *cephalitis*, *gastritis*, *nephritis*.

“ 6. Let *algia* ($\alpha\lambda\gamma\iota\alpha$) express alone the idea of pain or ache, to the banishment of such useless synonyms as *odyne* and *cofos* or *cofus*.

“ 7. Let *rhagia* (from $\rho\eta\sigma\omega$ *rumpo*) be confined to express a præternatural flux of blood.

“ 8. Let *rhaa* (from $\rho\acute{\epsilon}\omega$ *fluo*) express a præternatural flux of any other kind.”

As a test of the practicability and advantage of these principles, Mr Good has subjoined a table, in which they are applied to the combination of a dozen of radicals with eight particles.

We must confess, that after all that Mr Good has said in favour of his nomenclature, notwithstanding its ingenuity and prepossessing simplicity, it seems to us exposed to insurmountable objections, both general and special. We do not think nosological language can be advantageously reformed upon any general principles, both on account of the number of

new terms, which must necessarily be created, and of the equally unavoidable connection of these with hypothesis. The successful introduction of a scientific nomenclature into chemistry, has been quoted as an argument in support of a reform of that of medicine. But, in this respect, these sciences are totally dissimilar. Diseases are not, like objects of chemistry, fixed and determinate in regard to specific characters, but incapable of analysis into essential constituents, and constantly suffering uncertain changes. Hence, in every attempt at a general reform of medical nomenclature, hypothesis has been, and must necessarily be deeply concerned. We might prove this, from the changes proposed by almost every systematic writer, but we shall content ourselves with one of the latest and most arrogant in his pretensions. What then, we would ask, has medical science gained by Pinel's new nomenclature of febrile diseases? Is *Angiostenic* less objectionable than inflammatory; *Meningo-gastric* than bilious; *Adenomeningic* than pituitous; *Adynamic* than putrid; *Ataxic* than malignant; or *Adenonervous* than the plague of the Levant? But the evil is palpable. These innovations have rendered his writings, and those of his followers less intelligible to the rest of the profession. Indeed, every reform obliges us to learn a new language, which can never supersede the necessity of being intimate with those already in use; for the progress of medicine never has been so rapid, that the study even of the earliest authors can be generally dispensed with.

Upon Mr Good's nomenclature we shall only observe, that of the seventy compound terms in his table, no less than fifty-nine are new, and that, upon his principles, the same name is often applicable to very different diseases, and different names are equally applicable to the same diseases. Inflammation, pain, swelling, increased discharge, are not only not incompatible with each other, but commonly are blended in such various proportions that it is impossible to select one as peculiarly characteristic of the disease, and if at one time it should be most prominent, it seldom continues so through the whole progress of the disease. *Otagra*, *otitis*, *otalgia*, and *otirrhœa*, are all at times applicable to Earache. *Anopia* is equally the denomination for cataract, amaurosis, caligo corneæ, and staphyloma, as in all vision is destroyed. *Dysenterio*, to which he has affixed the common meaning of the term, should, in Mr Good's system, designate no specific disease, but denote, without any reference to the cause or concomitant symptoms, every degree of costiveness less than his *Anenteria*, absolute constipation. Again, *enenteria* he gives as a synonyme of diarrhœa, and *enterrhœa* of cholera; but the former should strictly mean an increase of the fecal function, and the latter

an increased intestinal discharge, not of blood, and should of course include the former, and many other diseases, even if we were disposed to admit that increased intestinal discharge was the best characteristic of cholera. In the same manner *Urirrhœa* is improperly restricted to purulent urine, and *Enuria* to involuntary flux of urine; the former should include every preternatural flux from the urinary organs, and the latter should be appropriated to increased flux of urine. But there is no end of special objections. They will suggest themselves to every one who considers the subject; at the same time, many of the observations in this essay will be perused with pleasure.

Art. II. Memoirs of the late *William Hewson*, by Dr Lettsom.

Art. III. History of fatal effects from the accidental use of White Lead, by Mr Deering, with additional remarks by Dr Shearman.

This communication is valuable in many respects. It contains a good description of the acute effects of lead, and shews the importance of an intimate acquaintance with the effects of poisons, and the necessity of overlooking no possible source in our search after them, when suspected.

“ On the 21st of October last, I was desired to visit Mrs R., the wife of a respectable tradesman in Aldersgate Street, who complained of violent pain in the scrobiculus cordis, with great soreness of the epigastric region when pressed upon. She had vomited a considerable quantity of bilious matter, and at the same time her bowels were constipated: the pulse was calm and irregular, the tongue clean and moist, and there was no symptom of fever present. She immediately took a cathartic, which operated, and an opiate in the evening. The following morning the patient appeared relieved; in the evening, however, the pains and vomiting recurred, and these symptoms continued for some successive days, in so distressing a degree, that it was deemed advisable to consult the family physician, which was done on November 4. 1808. At this time these symptoms continued as already intimated, without any appearance of fever; and hence the physician was induced to consider the affections as of a rheumatic and spasmodic nature.

“ In a few days, in consequence of the amendment of the patient, he discontinued his visits. In about a week after this period, a boy in the same family, nearly sixteen years of age, was seized with symptoms exactly similar to those of the preceding case, and similar remedies afforded only partial relief, till at length he was removed into the country, and thereby recovered his health.

“ A week after the attack of this youth, the eldest child, a boy six years old, was also seized with analogous symptoms, and, the mother having relapsed into her former state, the physician was again consulted on the 19th of November. At this time three other persons in the family laboured under similar affections, and suspicions were now entertained that some poisonous substance might have caused this general indisposition of the family; but after minute investigation no one circumstance was discovered.

vered to confirm this suspicion, or to elucidate the source of so extensive a calamity.

"The sickness and pain continued unabated in Mrs. R.; but the son, after the period of a fortnight, was deemed in a state of convalescence by his physician, who discontinued his attendance; he was, however, soon after seized with convulsions, and expired within a few hours. Unexpected and severe as this shock was, Mrs R. afterwards gradually grew a little better. She had hitherto continued to suckle her child, which, it being fifteen months old, she was advised to wean: to this she reluctantly consented. In about ten days afterwards the child became somewhat costive, without any other apparent indisposition; but at this period it was seized with vomiting and convulsions, and suddenly expired. The unhappy parent now experienced a return of her complaints, and, under a persuasion of the inefficacy of professional aid she was prevailed upon to consult an empiric, whose attendance, though continued to the end of the year, proved unavailing; and on the 3d of January, 1809, she had the advice of Mr Chevalier, an experienced surgeon, who considered the patient's complaint to be chronic rheumatism; and by the use of clysters of warm water, oily mucilaginous medicines, fomentations, and vesicatories, she appeared to experience more relief than at any period since the first attack; but, although the vomiting and sickness were less violent and frequent, the pain and soreness of the abdomen, first complained of, never entirely subsided: she was, however, able to sit up and amuse herself with a little needlework, and even to go about the domestic concerns of the family, and Mr Chevalier had proposed to pay his final visit on the 21st. On the morning of this day she rose at ten o'clock, and within the space of an hour afterwards, whilst standing near the desk of drawers, she suddenly exclaimed, "I am dying!" She was seized with convulsions, which continued till five o'clock in the afternoon, when she expired.

"On the subsequent day, Mr Chevalier, whose anatomical skill is well known, examined the body by dissection. Neither the thoracic and abdominal viscera, nor the brain, upon the most minute examination, exhibited the least appearance of disease; in short, not the least trace could be discovered of any morbid affection.

"With respect to the three other persons already mentioned to have been indisposed, the servant maid, one of them, was conveyed to her friends, and recovered. A sister-in-law of Mrs R. also recovered; but the third, who was her mother-in-law, died, after lingering under disease till March.

"These circumstances having been cursorily communicated to the Medical Society, Dr Adams, Dr Hamilton, and Mr Lawrence, were requested to visit the house of this unfortunate family, and to endeavour to ascertain the cause of the calamity. Every culinary article and the whole premises were accurately examined, but without its leading to any discovery. It appeared, indeed, that Mr R., the husband of the deceased lady, had purchased a cask of sugar at a sale, a considerable part of which had been disposed of to some friends in the country, who had used it without inconvenience, and hence no suspicion was entertained of this article having produced the fatality in Mr R.'s family.

"In this state of uncertainty, Dr Laird, another member of the Medical

cal Society, visited the house; and, on examining the cask which had contained the sugar, he observed a white powder adhering to its inner surface, and which, on being heated by the blow-pipe on charcoal, afforded globules of lead in the metallic state."

In Dr Shearman's remarks he details another instance of the fatal effects of lead, which fell under his own observation, and in which he satisfactorily traced the source to a criminal adulteration of Geneva, seized by the excise officers, with sugar of lead, by an officer of the King's revenue, in order to enhance its price a few shillings a gallon, a practice which was carried on to such an extent, that he purchased 28 pounds of sugar of lead at a time. We regret that he has not informed us of the punishment which followed the perpetration of such an act. The symptoms are briefly described in the following paragraph.

"Very many people, chiefly adults, and a greater proportion of them men, complained of occasional violent colic pains, chiefly occurring after meals, attended with an obstinate costiveness; and although these symptoms were for a time relieved by the use of purgatives and other means, they almost universally recurred. The progress of the disease, even in those cases where it attained its utmost violence, was in almost every instance so insidious and so slow, as to leave us unapprehensive of its true character; which, however, was at length brought to light."

Art. IV. *History of a case resembling Hydrophobia from the Bite of a Cat*, by Joshua Dixon, M. D. of Whitehaven.

The remarkable circumstances in this case are, that there was no reason to entertain any suspicion that the cat which inflicted the wound suffered actual madness, and that the symptoms of the disease immediately succeeded, the subject of it (a young lady eighteen years of age) being surprised and alarmed by seeing a concourse of people pursuing a mad dog 74 days afterwards. The body does not appear to have been examined by dissection; but Dr Dixon has added the notes of another case, which he saw treated by Dr Cullen in the clinical ward of Edinburgh, which was dissected.

"From an accurate examination of the body after death, it appeared that the colour of its whole surface was remarkably brown, and that of the nails, with some parts of the arms, had assumed a livid hue. Within the cranium nothing extraordinary could be discovered. The choroid plexus was rather paler, and the superficial veins were a little distended with blood. The fauces, œsophagus, and parts adjacent, were in a natural state; but the effects of inflammation were apparent in the lungs. In the right auricle of the heart was found a large, soft, whitish, and loosely adhering polypus; and in the left ventricle a smaller substance, similar to a collection of inspissated blood. The stomach contained a little mucus, and two round worms. Several portions of the larger intestines were contracted

tracted, and their coats a little thickened. The pancreas appeared redder than usual. All the other parts were perfectly natural.

Art. V. *Reflections on the indiscriminate use of Mercurial Preparations in medicine*, by Dr W. Falconer of Bath. For the general animadversions, we must refer to the paper itself. The following fact is worth quoting.

“ Instances of the ill effects even of the external application of mercury, are sometimes found in the use of what are called quicksilver girdles, which are often worn for the itch, especially by females of the lower rank, as being cleaner and more free from feter than a sulphureous application. Many of these cases have been admitted into the Bath Hospital. The general symptoms were a degree of general weakness approaching to palsy, great pain and tremor in the limbs, and often violent headache. It is worth remarking, that an instance lately occurred in the Bath Hospital of the symptoms that distinguish the poison of lead, particularly the loss of tone in the muscles of the wrists, appearing in consequence of the use of a mercurial ointment for the itch. Something of this kind had been noticed in Sir George Baker’s excellent Dissertations; but it seems doubtful if he understood that such symptoms had taken place from the external application of that mineral. As mercury is well known to pervade the skin, it is possible it might introduce the poison of lead, with which metal it is often adulterated, into the system, which without such a conductor would not have found its way.”

Art. VI. *On the Staphyloma, Hydrophthalmia, and Carcimoma of the Eye*. By James Ware, Esq. F. R. S. A. The title of this communication is sufficient to recommend it to the attentive preusal of the profession. In the first part, Mr Ware objects to Janin’s and Richter’s method of treating staphyloma, by butter of antimony, and to Scarpa’s method of evacuating the contents of the eye, through an opening made by removing a small portion only of the projecting cornea, and describes minutely his own method, by cutting away all the fore part of the eye, including the iris. The advantages of this method are strongly contrasted with the failure of the others, by its having uniformly succeeded in a considerable number of cases, during a practice of more than thirty years.

The next part of this paper is on *hydrophthalmia*, which our author proposes to change to *exophthalmia*, as denoting an enlargement of the whole eye, and not an increase of the aqueous humour in particular. By the way, we may observe, that in Mr Good’s nomenclature, this disease would be correctly denominat-
ed *enophthalmia*, a term which that technological reformer has given as synonymous with staphyloma. The diagnosis of hydrophthalmia is difficult. It is necessary to ascertain whether there be a morbid enlargement of one particular part only, or of all the

different parts of the eye, or the formation of an adventitious body within the eye, or only a protrusion of the eye in consequence of a body behind it. Mr Ware describes the treatment proper in each, illustrated by apposite cases.

The last subject treated of in this excellent essay is *carcinoma* of the eye, a disease peculiar to adults, as *fungus hæmatodes*, which has been so ably illustrated by Mr Wardrop, and on which Mr Ware also makes some valuable remarks, is to young persons. It is consolatory to learn from Mr Ware, that although he has sometimes failed, yet he has several times extirpated carcinomatous eyes with success, and therefore his minute description of the steps of the operation is the more valuable.

Art. VII. *Case of extensive Suppuration of the Liver, with appearances resembling ascites, and which terminated favourably.* By Mr John Burns of Glasgow. In this case, the pus was evacuated by tapping the liver in the usual way, and six pounds were drawn off. The swelling commenced again, but not to half its former size, protruded at the umbilicus, burst, discharged two pounds of pus, and the patient recovered,—an oozing of pus from the aperture gradually ceasing in the course of a fortnight.

Art. VIII. *Observations on the Hare-Lip*, by Isaac Rand of Boston, New England. Mr Rand successfully operated on three cases of hare-lip, two in infants only two days old, and one of three months, and he recommends the practice on the following grounds.

“The advantages that accrue from performing this operation at so early a stage of life are many.

“Children, for some days after birth, seem to be in a torpid state, and in general require but little nourishment.

“They are easily managed, and make no opposition during the operation.

“If there is only a fissure in the lip, and sometimes when there is one in the bones, immediately after the union of the fissured part of the lip, the child is capable of sucking, by which the chance of surviving the infantile state is increased.

“The disagreeable impression upon the mother’s mind, of propagating the deformity in the family by future births, is removed.”

The editor observed, that the same practice is recommended, for similar reasons, in the fifth volume of the memoirs of the Royal Academy of Surgery of France. But we have heard of a case which terminated fatally in consequence of irritation.

Art. IX. *Histories of two extraordinary Cases*, by W. Norris, Esq. Surgeon to the Charterhouse. The first is that of a lady in whom numerous portions of the skull separated, apparently from an increased action of the absorbents. There was no suspicion of syphilis, and the disease seemed to have been the consequence

of a fall. An engraving gives an accurate idea of the singular appearance of the skull after death. The second case is of *satyriasmus*, depending on a disease of the prostate gland. Our readers will join with us in praising the propriety and delicacy of recording the circumstances in a learned language.

“ Quidam ad me venit, concilium petens, ore macilento, formâ squalidâ, facie cadaverosa, quem in proclivi erat credere, carceris profugum, et jam fame morboque consumptum, vix diutius vitam sustinere posse. Universa corporis ægritudine laborare se questus est, ita tamen, ut dolore nullo præcipuo, nisi tardo quodam sed minime acri circa anum afficeretur, in qua parte, paucis ante mensibus, ictum acceperat. Iste dolor ægrotanti ipsi haudquaquam in causa morbi erat; quippe tantum a me interrogatus in ejus mentionem incidit. Affirmavit vero totam sui corporis invaliditatem, quæ cito vitæ ipsi finem erat impositura, *nimio veneris usui* tribuendam esse. Subito mihi in mentem venit stare coram hominem discinctum et impurum, qui intemperantiâ suâ morbum in se traxerat, idioque rogavi quamdiu hac libidinosa cum fœminis consuetudine destiterat. Omnia vero alia—et mihi admirationem haud levem movit ille, qui respondit, se moribus fuisse semper castis et sobriis; et atque isto, quem prius memoraverat, et qui indies magis magisque ingravescebat, *furore*, intra duos tresve menses correptum fuisse. Risum vix tenebam, cum dudum intellexi hominem annum ætatis agere sexagesimum septimum. Cum tamen in ipso nihil non fide dignum videbam, narra, inquam, mihi, qualis tibi vitæ fuit ratio. Respondit annum circa vicesimum sextum ætatis suæ se uxorem primum duxisse, ex qua duo sibi nati sunt liberi: quâ vero mortuâ alteram sibi quadragesimo jam et sexto ætatis anno nuptam esse uxorem, quæ ipsa prius ex altero marito duo liberos pepererat, et jam vidua triginta annos nata est. Ex hac porro, inquit ægrotus, duo alteri mihi procreati sunt liberi: sed nunquam memini, me in venerem propensiolem fuisse, nedum insana et insatiabili libidine permotum, ante hos duos menses, quando me diro hoc et teterrimo correptum esse morbo sensi; cujus vis tanta est et tam effrænata, ut expleri nequeat; et ad coïtum cum uxore me singula nocte, quindecies saltem, imo vices nonnunquam impellat. Hic vero cum ægrotantem meum priapismo laborantem se fallere augurabar, et fortasse nullâ seminis jacturâ in venerem ruere, paulo curiosius id ab illo quæsi. Affirmat autem se vix in lecto decumbentem corpus uxoris contingere, cum, tanquam cæstro percitus, in repetitam venerem properat, neque unquam nisi pleno coïtu res peragitur: seminis quidem emissio potius angere quam voluptate afficere visa est.”

Mr Norris prescribed tonic medicines; the tumour increased; was poulticed; was opened, and discharged freely a glutinous sanious fluid, which Mr N. is inclined to think came from the seminal vesicles, and by its irritation produced this strange disease. The patient completely recovered.

Art. X. *On the medicinal properties of Sanguinaria Canadensis, or Blood-Root*, by Dr N. Smith of Hanover, North America.

If experience should confirm the virtues ascribed to this native

native of Canada, it will prove a valuable addition to our materia, as it is one of the spring ornaments of our gardens, and may be easily cultivated in any quantity. We shall quote what Dr Smith says in favour of it, without any comment.

“ The medical virtues of blood-root are very considerable. It is capable of making a very strong impression on the human system. The dried root, pulverised and given in doses of four or five grains, generally pukes pretty violently, producing a great prostration of strength during its operation, which continues for some time. I have not observed it to operate as a cathartic. The taste is acrid and unpleasant. The pulverised root taken into the nose excites sneezing, and produces a sense of heat in that organ. It also acts as an escharotic on fungous flesh. I have cured several polypi of the soft kind by the continued use of it as a snuff.

“ About two years since, I learnt from some source or other that blood-root had been given with success in cases of hæmoptysis, and having a case of that kind, immediately gave it a trial. The success was beyond my expectation. I soon thought of trying it in cases of cough, and from that time have been almost in the daily habit of prescribing it in such cases. From more than two years experience in the use of blood-root in affections of the lungs attended with cough, I cannot assert what has been asserted of foxglove, that it will cure a confirmed consumption; but I can in confidence say, that, in my opinion, it is capable of doing more towards preventing that fatal disease than any one remedy I have ever been acquainted with.

“ I have given blood-root in powder, in tincture, and in simple infusion; which last is the better mode of giving it. In powder it operates more roughly, and spirit does not appear to extract its active principle sufficiently. When I give it for a cough, if the symptoms are urgent, I begin with a dose sufficient to excite puking; but generally endeavour to give it in as large doses as can be borne without that effect, and repeat it four or five times each day. Where there is great irritation and a constant disposition to cough, I join opium with it. Given in this manner, if the patient has not a confirmed hectic, it generally cures the cough.

“ I have also found blood-root useful in cases of inflammatory rheumatism. In that disease I at first give it so as to puke, and then continue it in smaller doses: managed in this way, it is more certain to produce a diaphoresis than any other emetic. Blood-root I understand has been recommended in cases of jaundice in the dissertation above alluded to; and a very respectable physician informed me that he had known it cure epilepsy.

“ I have never known blood-root produce any lasting bad effects. It never affects the head like the foxglove, and is on that account a much safer medicine.”

Art. XI. Dr Fothergill late of Bath, now of Philadelphia, relates a case of *Tic douloureux*, which has resisted all medical treatment.

Art. XII. Contains some curious remarks on the land winds of the Coromandel coast, and their causes, by Dr Roxburgh, which,

which, we think, would have been inserted with more propriety in the transactions of a philosophical than of a medical society.

Art. XIII. consists of seven cases, illustrating the effects of oil of turpentine in expelling the tape-worm. In five of these it was perfectly successful. In one it failed to cure the disease, but produced no bad effect; and in another, an ounce of the oil, which had been once given in the same dose, with the usual effect of procuring a discharge of worm with little inconvenience, on its second exhibition, produced violent retchings, tenesmus, strangury, and great pain in the back; the urine was also a little tinged with blood.

The last article is devoted to the professional biography of the late Dr Hulme, by Dr Clutterbuck, with the description of a palm truss.

In an appendix, we have a description of a female urinal, and a short notice of the good effects of oil of turpentine in ascarides.

II.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London. Vol. II. London, 1811.

WE are called upon, by the publication of this second volume of transactions, to devote some portion of our time to the purposes of professional improvement. The wards of the hospitals are shut; the hours of visiting patients are past; the court physician is summoned from his circle, and the anatomical teacher from his class-room. The whole faculty of physic and surgery, in the midst of their business and pursuits, make a pause, and one evening in the week put on the habits of students, to interrogate nature concerning diseases, to confess their difficulties, and to communicate their experience. It is a privilege to be admitted to any part of such writings, even through the medium of the press. When new facts are recorded, or ancient observations brought forward, they are, if untrue, like Sunday-sermons, forgotten on the Monday; but if true, they are met with and confirmed