Part Second.

REVIEWS.

Transactions of the Obstetrical Society of London. Vol. XIV., for 1872. London: 1873.

Proceedings of the Dublin Obstetrical Society for Session 1871–72. Dublin: 1872.

The Transactions of the Edinburgh Obstetrical Society. Sessions 1869–70–71. Edinburgh: 1872.

Besides many other important papers, the London Obstetrical Transactions contain one which pre-eminently demands a reviewer's notice. It is the great work of Braxton Hicks on the Anatomy of the Human Placenta. This author has carefully and in many different ways investigated the structure of this remarkable organ, and has arrived at a conclusion unfavourable to the Hunterian views, which are almost universally entertained. Dr Hicks has more clearly than any other author described the minute anatomy of the afterbirth as seen through the spectacles of an anti-Hunterian observer, and we are bound to say that some of his discoveries, if verified by other competent observers, would go far to destroy the ordinary doctrines.

It is a remarkable fact that the anatomy, even rude anatomy in a sense, of any part of the human frame should be even now in an unsettled state: yet so it is. There is, at first sight at least, no greater difficulty in dissecting the placenta than in dissecting the liver; yet no Kiernan has as yet entered this field. Saying so much, we need scarcely add that we are not convinced by this valuable and excellent paper of Hicks. But Hicks's zeal and the fruit of his labours are not lost. No good honest work is fruitless of benefit to science. At the same time we must ask anatomists still further to push inquiry into this subject, and suggest that the way of comparative anatomy so ably followed by Turner, will, if still farther pursued, probably soon lead to the desired fulness of knowledge.

This fulness of knowledge will be no mere scientific achievement. It will at once shed light on some of the most important and urgent departments of practical midwifery. Who can doubt this, who reflects on the lacunae at present existing in our knowledge of the source of haemorrhage during labour, and on the causation of it by the ill-understood changes of the lower section of the cavity of the body of the uterus during the first stage of this process?

Besides this great paper by Hicks, we have other pieces of good work by Playfair, Barnes, Matthews Duncan, Beck, and Phillips.
The Proceedings of the Dublin Society form a thin octavo. It is the first volume that we have seen of the Society's publication; and we cannot but think they have been rather unfortunate in the year they have fixed on for making the start. The papers are good, and worthy of being printed; but we believe we may truly say that few sessions of this Society have recently passed without papers that would have made a better show. Some of their best working men have no paper in the work of any kind.

The Edinburgh Society produces an imposing volume, which is highly creditable to its members, and will bear comparison with the work of any sister association. In it will be found good samples of the work of the various authors belonging to the Edinburgh School, including some of the last contributions of the late Sir James Simpson. The extent of ground covered by the Edinburgh Society is certainly greater than that gone over by either of the sister associations, and the extension of surface is not accompanied by dilution of the matter.

We conclude by wishing these Societies great future prosperity, and by expressing a hope that the profession will afford them ample encouragement to continue their publications by the timely purchase of them now.

Clinical Lectures on Diseases of the Urinary Organs, delivered at University College Hospital. By Sir Henry Thompson, Surgeon Extraordinary to H.M. the King of the Belgians, etc. Third Edition. London: J. and A. Churchill: 1873.

In April 1869, we very carefully reviewed in these pages the first edition of this very useful though unpretending work. This third edition is not much altered. Two additional lectures are inserted, and the old ones have received modifications and additions in their yearly redelivery. We wish Sir Henry had taken the trouble either to have some new cases in to illustrate the lectures, or else to change the dates in the new edition; for such sentences as the following—"The man before you had an exceedingly bad stricture of the urethra, which I cut internally last Tuesday week. He is now perfectly well. He could not pass a drop of urine before the operation, but now he is able to pass it naturally; and you will agree with me, that a great deal must have been done since last Wednesday week to make that change"—really sound too absurd, when they are found verbatim in the edition of 1873.

Similar instances will be found at pp. 39, 47, and 134, of the new edition. The last example is a particularly ridiculous one, showing that the statement in the preface to the new edition, that it contains the course of lectures delivered in University College Hospital in 1872–3, is simply incorrect. Two cases are described and lectured upon in exactly the same words in 1872–3, as in 1869.
Lecture 10 of the new edition is a new one, and is called a résumé of the entire subject of treatment of stricture, with especial reference to internal urethrotomy. After describing simple dilatation by soft instruments, and the use of conical metal instruments, he then refers to the plan of continuous dilatation, by tying in the catheter for forty-eight hours, and each time replacing it by a larger one. Then the methods by rupture, and also by forcible over-distension, are alluded to, but the temporary nature of the benefit gained is acknowledged. Then the operation of internal urethrotomy is discussed, and the relative merits of Corradi’s, Civiale’s, and the author’s instruments detailed.

The other new lecture is on the early history of calculous disease, and the treatment best adapted for its prevention. Its hereditary tendency in some families, its relation to gout and to the liver, are discussed very fully and practically. The most useful part of the lecture is the table of some of the most valuable mineral waters, giving their contents and actions, with an account of the author’s own views as to their comparative value, and the best mode of their administration.

Dieulafoy’s instrument for pneumatic aspiration is alluded to as a means of safely relieving cases of retention, in which the surgeon has failed to pass an instrument; but of its use, Sir Henry Thompson has as yet had no experience.

In future editions of this useful little work, we hope to find the cases either altered or described more correctly as to their dates.

_Hospital Hygiene: Being the Annual Address to the Southampton Medical Society_, delivered by the President, CHARLES LANG-STAFF, M.D., M.R.C.S.E.; Surgeon to the Royal South Hants Infirmary, etc. _London_: J. and A. Churchill: 1872.

Starting with the assumption that the hospital statistics collected by the late Sir James Simpson are correct, and the conclusions from them are reliable, Dr Langstaff tries to discover remedies for the defective ventilation and putrescent walls of great hospitals. He opposes washing of floors and walls, and points out the deficiencies even in Parian cement as a wall material. He advises that walls and floors should be coated with paraffin, and that floors especially should be carefully laid, and devoid of interstices. The floors should never be washed, but merely rubbed with a moist cloth, and then dried with a hard brush. A ventilating apparatus, by which carbolic acid or other antiseptics can be evaporated in the air which enters the ward, and thus charge it highly, is recommended and figured. Some sensible remarks upon clothes for patients, lockers for wards, and dressing arrangements, conclude this thoughtful little essay.
Operative Surgery, adapted to the Living and Dead Subject. By C. F. Maundver, Surgeon to the London Hospital; formerly Demonstrator of Anatomy in Guy’s Hospital. Second Edition, with 164 illustrations. Pp. 376. London: J. and A. Churchill: 1873.

The chief point which strikes the reader of this little book is the confused arrangement of its sections, and the curious manner in which compresses, splints, bandages and strapping, ligatures, carbolic dressings, sponging, and acupressure, are mixed up with descriptions of operative procedures on the dead body. The work goes over part of the field occupied by Mr Heath’s admirable Manual of Minor Surgery; and also part of that traversed by Dr Joseph Bell in his Manual of Surgical Operations. We think Mr Maunder has not gained by mixing up the subjects, or rather that Heath and Bell have gained by dividing them, for we believe Mr Maunder’s first edition was earlier in the field than either of the others.

The first sentence introduces us to a subdivision of the practice of surgery, which is curiously inexact and defective:

“The practice of surgery may be subdivided into ‘manipulative’ and ‘operative,’ the term ‘manipulative’ being applied to the employment of certain supports, such as compresses, bandages, splints, and strapping; the term ‘operative’ implying the use of cutting or wounding instruments.”

What is passing the catheter? Is it a manipulation or an operation? Neither, according to Mr Maunder.

The anatomical notes given in describing the operations of ligature of arteries are, as a rule, good and correct. Few surgeons will agree that the incision for ligature of the common carotid should begin opposite the cricoid, and extend upwards for two inches and a half. Such an incision would have its central part at least as high as the bifurcation.

A rather comical direction is given for ligature of the femoral:

“The position of the sartorius should be ascertained by causing the subject, if living, to bring the muscle into action.” Mr Maunder uses the words to ligature as a verb active, for which we have no good authority. We could wish also that Mr Maunder had given the student some idea as to which of the operations he describes were of real value, and could be legitimately performed on the living subject, and which are really mere dissecting-room exercises.

We cannot agree with Mr Maunder in advising the use of a chain-saw for the division of the malar bone and hard palate in excision of the upper jaw. On the dead subject it is all very well; but the time wasted may prove exceedingly dangerous, if the tumour or tissues be vascular, in the living patient.

In excising the elbow-joint, we believe Mr Maunder’s own modification of the operation will prove a real improvement in some cases.
"After the usual longitudinal incision, I next let the knife sink into the triceps muscle, and divide it longitudinally into two portions, the inner one of which is the more firmly attached to the ulna, while its outer portion is continuous with the anconeous muscle, and sends some tendinous fibres to blend with the fascia of the forearm. It is these latter fibres that are to be scrupulously preserved. Thus, in concluding the early steps of the operation, two chief points have to be remembered instead of one (care for the ulnar nerve), as hitherto advised. The ulnar nerve, often unseen, must be lifted from its bed and carried over the internal condyle to a safe place; and then the outer portion of the triceps muscle, with its tendinous prolongations, the fascia of the forearm and the anconeous muscle, must be dissected up, as it were, in one piece, sufficiently to allow of its being temporarily carried out over the external condyle of the humerus."—Pp. 122, 123.

By this means a more perfect and a more certain power of extension is gained by the patient.

Syme's amputation, so frequently bungled in description, is very well described by Mr Maunder. We could wish he did not speak so lightly of a possible buttonhole in posterior flap as being useful in letting out pus, etc. It is always dangerous if transverse, as it must divide vessels necessary for the nutrition of the flap. If the surgeon likes, however, he may make a longitudinal slit, with little risk, for drainage.

Few surgeons will agree with Mr Maunder that a small stump of a finger is either useful or ornamental. The smallest portion of thumb ought scrupulously to be preserved, but anything of a single finger less than 1½ phalanges will almost certainly be a great nuisance to the owner, if the other fingers are uninjured.

That tracheotomy "may be performed either above, through, or below the isthmus, as is most convenient" (p. 260), is a very soothing doctrine, and may be true in the dead subject, but it is not so in the living, for section of the isthmus may be followed by most dangerous hemorrhage.

Surely the advice given in p. 262, that in cases of hemorrhage into the trachea, the surgeon may, if he has the courage, sometimes save his patient by withdrawing such fluid with his mouth, should be guarded by the warning, that if the child has diphtheria, the result may be fatal to the surgeon.

Gastro-stomachotomy is a most extraordinary-looking name for the operation of opening the stomach, and keeping the opening patent. If it is meant to be simply stomach-mouth-making; gastro-stomy is a simpler and better-looking word; if it is meant to imply that first the abdomen and then the stomach is cut into, it is very bad Greek, as in classic Greek στόμαχος means the throat; in Hippocrates, also the neck of the bladder or uterus; and only after Aristotle does it come to mean the orifice of the stomach, στόμα γαστρός.

Who shall decide when doctors disagree, is rather amusingly brought out by the exceeding differences in the teaching of Messrs Maunder and Allingham about the operation of colotomy. We put in opposite columns a few of these differences:—
MAUNDER.

"Incision.—The author having performed the operation nine times, prefers the transverse incision.

"In performing colotomy, the integument should be divided to the greatest extent, and each layer of tissue afterwards less and less, and the lumbar fascia least of all; thus the loin will be opened through a conical wound."

ALLINGHAM.

"I much prefer the oblique incision as recommended by Mr Bryant."

"It is of the utmost importance that the deeper incision be kept the same length as the cut through the skin. If you do not attend to this rule, by the time you reach the lumbar fascia, you will be working in a deep triangular hole, the apex of which is furthest from you, and it will be almost impossible to find the gut."

The advice, in removing a tumour, to keep the edge of the knife either upon or towards the tumour, is a very bad one, if the tumour be malignant.

The account of the operations for excision of the tongue is by no means up to date.

Had this been a first edition, we might have ascribed to accident or carelessness the pretty numerous errors in grammar, and awkwardly turned sentences; these should have been corrected. At pp. 244, 255, 263, characteristic examples will be found.

On the whole, we cannot recommend this little work either to the student who is to work on the dead body, or to the surgeon who is to operate on the living. It is too diffuse, and not well enough arranged for the student; he will not find it an easy book to get up. It is not sufficiently dogmatic for the surgeon; it does not tell him which operation Mr Maunder thinks is the best, or give him data for such an opinion, but leaves him confused by too extensive a choice. Most of the woodcuts are old friends, and the original ones are not particularly instructive or particularly well drawn.

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_Du Drainage dans les Plaies par Armes de Guerre._ Par le Docteur F. Christot. J. B. Baillière et Fils. Pp. 64. 8vo. Paris, 1871.

In this short but interesting pamphlet we have an account of the use of the drainage-tube in gunshot wounds, the method of insertion, the time to retain it, its action, results, etc. As a means of enabling the surgeon to inject and then thoroughly cleanse the long tracks of a ball, the drainage-tube seems to have been very useful, and few evil results seem to have followed its use even in cases in which the tube had been retained long even in a vascular part. Twenty-four cases are recorded in two sets:—1. Wounds of soft parts only. 2. Lesions of bones and joints. In the first series the results are remarkably good, but in the second pyaemia has been lamentably frequent and fatal; in some cases, doubtless because the patients refused the amputation, which alone could have given them a chance of recovery. The pamphlet will well repay perusal.
A Treatise on Rheumatic Gout, or Chronic Rheumatic Arthritis of all the Joints. By Robert Adams, A.M., M.D., etc. Illustrated by Woodcuts and an Atlas of Plates. Second Edition. London: John Churchill and Sons: 1873. Pp. 568. Atlas of Eleven Quarto Plates, and Letterpress Description.

More than half a century ago Haygarth called attention to an affection of the joints to which he gave the name of "nodosity," from the great and peculiar distortion produced by it. A luded to by various succeeding writers on diseases of the joints, the next author who specially called attention to it was Cruveilhier, and he, taking it up from an anatomical point of view, called it "Usure des cartilages articulaires." Dr Adams himself was the next to make a special study of this affection, and he, like Haygarth, taking it up from a clinical point of view, and recognising the many points of resemblance between it and its two congeners, true gout and rheumatism, conceived that it might be a hybrid between these two diseases, and called it rheumatic gout. Since that time many authors have written upon this disease, specially Drs Fuller and Garrod; and the latter, distinctly recognising its specific differences from rheumatism on the one hand and gout on the other, has given it a name which, while hinting at its alliance with both of these affections, yet distinctively marks it as essentially different—rheumatoid arthritis. Amid the long category of ills which afflict mankind there is probably none the morbid anatomy of which is more copious, or the pathology more obscure; it may affect in its peculiar way every bone and every joint in the body, yet the blood, the urine, and the perspiration have all been analyzed with only negative results; while as to habits, whether of diet, drink, or exercise, no important influence can be ascribed to excess or abstemiousness in any of them in the production of this disease; and for this reason mainly, that in the horse we have an animal regular in every particular, not given to excess in animal food or spirituous liquors, and daily perspiring at his exercise, yet no animal is such a martyr to rheumatoid arthritis as he is. Exposure to cold and damp is certainly a cause common both to man and horse, and has an undoubted influence in originating this disease; but how this should be, is in the highest degree obscure. In man it occasionally appears to be constitutional and hereditary; often it is so in families otherwise subject to scrofulous and other low forms of inflammation; that, however, seems more probably to show the influence of debility in giving effect to other causes, rather than to any problematical alliance with the scrofulous diathesis. In the early stage of this disease there is found simply increase of the synovia within the capsule of the joint affected with vascular injection; at a later stage the fluid becomes absorbed, the capsular membrane thickened, and the cartilage ulcerated or absorbed. At a very early period the
cartilage splits up, fibrillates, and becomes removed apparently by a slow process of absorption, the whole surface of the joint becoming denuded, and the ends of the bones becoming polished and eburnated. In the ball-and-socket joints, the heads of the bones sometimes become polished like ivory billiard-balls; in the ginglymoid joints, the eburnation appears more often as grooved striae or patches; there is a growth of bony vegetations around the joint affected; the heads of the bones, especially in ball-and-socket joints, frequently become depressed, and so crushed down and deformed as almost to appear as if they were fractured. The interior of the joints frequently contains great quantities of foreign bodies of various sizes—sometimes cartilaginous, at others bony—soft, with a hard exterior, or the reverse. These are occasionally found free, more commonly they are attached to one another and to the joint itself by ligamentous pedicles. With all this disease, there is of course a gradual crippling and deforming of the patient, the affection slowly increasing where it first commenced, and creeping from joint to joint with but short intermission or without any, sadly embittering all the unfortunate patient's future life, and sooner or later making him a helpless cripple. Of course all this is attended by great alterations in the appearance of the joints, and by many symptoms, the most important of which is the pain which the patient suffers, and which is often very great; but for the full history of the disease we must refer to Dr Adams's monograph, which contains the most complete history of the disease, and the atlas of which is a perfect repertorium of its morbid anatomy. It is therefore a work which ought to be in every medical man's library. This disease is not frequent here, it comparatively rarely finds its way into our hospitals, but is more frequent in the damper climates of Holland and Ireland. For its proper treatment it is of the utmost importance to recognise it early, so as not to lose time by mistaking it either for gout or rheumatism. It is therefore all the more important to have at hand a full and correct work of reference.

We observe, in regard to the eburnation of the bones (p. 42), that Dr Adams leans to the opinion that this is produced by the attrition of the denuded ends; but he seems unaware that this eburnation is found where no such attrition takes place—in such sesamoid bones as the os naviculare of the horse, for instance, which we have seen entirely converted into a mass of apparent ivory. The change which has taken place is therefore not due to attrition, but is, as Mr Paget has well pointed out, a true calcareous degeneration; a further proof of this being found in the readiness with which destructive perforating ulceration takes place, giving these bones a peculiar worm-eaten appearance; this change, by the way, occurring most frequently in those parts exposed to irritation, as within the joints, and but rarely if ever in the sesamoid bones.

In the treatment of this peculiar disease Haygarth long ago recommended the liquor arsenicalis, and every writer on the subject
since almost without exception has strongly recommended it. Fuller says that "no case of rheumatic gout can be regarded as incurable in which its influence has not been fully tried." The tonic regimen is of the utmost importance in this disease; and for the relief of pain, hot water or hot sand baths may be employed; and Dr Adams also strongly recommends the external use of iodine liniment, and of the iodide of potassium ointment. But for fuller details as to treatment, and for many interesting cases both of abnormal rigidity and abnormal mobility depending on this singular disease, we beg to refer to Dr Adams's admirable work.

Clinique Chirurgicale de l'Hôpital de la Charité. Par L. Gosselin, Professeur de Clinique Chirurgicale de la Faculté de Médecine de Paris, etc. Tome premier. Avec figures intercalées dans le texte. Paris: J. B. Baillièrè et Fils: 1873. Pp. 720.

In this large handsome volume M. Gosselin gives the first half of a work which is to consist of a selection from his clinical lectures. In the preface he tells us that he prefers the old plan of teaching clinical surgery, which consists in "taking for the subject of the lesson one or more patients suffering from different diseases, and developing from each of them all that concerns the etiology, the symptomatology, prognosis and treatment, and even to take several cases the subject of the same disease, and compare them with each other as to causes, symptoms, and treatment." This plan is that followed by the teachers from whom M. Gosselin has learned most, namely, Chomel, Rostan, and Bouillaud in clinical medicine, and Dupuytren, Sanson, Velpeau, A. Bérard, and Blandin, in clinical surgery; and he rightly, we think, prefers it to the other method, which he calls the new one, which consists in selecting some pathological subject and developing it, taking from time to time, as confirming the theories advanced, the phenomena to be noticed in the patients in the wards.

The subjects in this volume are—

1. Four lectures on observations in surgery, anaesthetics, and the phenomena of repair in fracture.
2. Eight on surgical diseases of youth, including ingrowing toe-nail, ungual exostosis, and epiphyseal exostosis, nasopharyngeal polypus, ostitis, and necrosis, and tarsalgia, or painful flat-foot.
3. Sixteen lectures on fractures. In these we cannot help feeling that his tuition is given rather in a systematic than in a purely clinical manner, and consequently they are rather dull and somewhat prolix.
4. Traumatic ostitis and necrosis occupy a lecture each.
5. Four lectures on gunshot wounds and two on surgical septicaemia follow. These are very interesting, and contain a full discus-
sion of the various methods of dressing wounds. Preference is given to A. Guerin's method of cotton-wadding dressing rarely changed.

Diseases of joints, in seven lectures, conclude this first volume. The second will be expected with interest.

De la Fièvre Traumatique et de l'Infection Purulente. Par P. Em. Chauffard, Professeur de Pathologie Générale à la Faculté de Médecine de Paris, Membre de l'Académie de Médecine, Médecin de l'Hôpital Necker. 1 vol. in 8vo, de 230 pages. Paris: J. B. Baillière et Fils.

This work begins by a most amusing preface, in which German views and German surgery are discussed with considerable asperity, and the superiority of French authorities vindicated, against the partially disparaging and rather too humble admissions of M. Verneuil.

The author then describes traumatic fever and purulent infection, and endeavours to prove that these are completely different diseases, not, as M. Verneuil holds, different stages or manifestations of the same poison.

In an additional essay, he discusses with considerable vigour subjects such as the following, but in a strain very different from the fashionable theories of the day: thus, "Harmlessness of pus, even when putrid, on the surfaces of granulating wounds—impossibility of explaining, on the septic theory, nosological distinctions between traumatic fever, purulent infection, and putrid infection—of the sporadicity and epidemic character of purulent infection.

M. Chauffard does not believe in antiseptics, and combats their use and theory with much vigour and ingenuity. He admires, however, the cotton-wadding dressing of stumps, as it allows the parts to be kept quiet for many days.

The work is amusing and clever, and in the present day valuable, as showing that there is much to be said on what we may, without much risk of ambiguity, call the other side.

The Epistles and Art of Poetry of Horace Translated into English Metre. By Andrew Wood, M.D., F.R.S.E., etc. Edinburgh: W. P. Nimmo: 1872. Pp. 140.

Nucæ Canoræ Medicæ: Lays by the Poet-Laureate of the New Town Dispensary. Second Edition. Edinburgh: Edmonston and Douglas: 1873. Quarto, illustrated. Pp. 126.

The Moffussilite readers of the above works must surely think that the authors of them have had little else to do than spin poetry.
Those who are better acquainted with the laborious lives and multifarious occupations of these authors, cannot but wonder how time was found for so much extra work; and, if Horace be right in saying that "nil admirari" is the only way to make and keep men happy, all who wish to be so had better stay out of Edinburgh, or, at all events, avoid making the acquaintance of the doctors there; for these works, though amongst the latest, are by no means the only poetical productions of our medical fraternity; and one of the sweetest and most prolific of lyric writers is also one of the hardest-working general practitioners in the city. Surely Horace had these men in his eye when he wrote—

"And, the hard-worked to cheer,
Verse serves, their labour o'er, to crown the year."

As for Dr Wood himself—it is his version we quote—we are left in no doubt as to

"Why it is doomed that from his pen should flow
A constant stream of verse."

We have but to turn to the second epistle of book i., and there we read:

"Unless thou for thy books ere dawn shalt cry,
And to them shalt by candlelight apply;—
Unless thy mind thou diligently bend
To honest studies and affairs attend,
Thou on a bed of wakefulness shalt prove
The tortures or of envy, or of love."

There we have the secret of his success, and the reason for his diligence. Better Horace, even by candlelight, than torture from either horn of such a dilemma.

We all suck in Horace with our very earliest attempts at Latin and, in after years, are charmed to find enshrined in noble verse, which we then can relish, sentences we had formerly painfully blundered through, regarding them all the while as merely fossil fragments of a Roman proverbial philosophy. *Rusticus expectat dum defluat amnis,* was to our boyish mind as troublesome to construe as it was quaint in conception; but as for poetry, "Time and tide for nai man bide," in those days seemed quite as likely to have been the product of Milton's muse, as that other proverb of Horace. Turn where we will, in almost every page of Horace, we find some pithy well-remembered saying which carries our hearts back through the vista of long years, to those early boyish days when, in sweet companionship with our fellows, we first began to know life and to enjoy it, and, with finger on the line, we are apt to find the boyish faces of many departed friends blurring the print, and to hear our teacher's well-remembered voice repeating the sentence with stately sonorousness. No other poet but Cowper minglesthe past with the present in so painfully pleasing a manner to us middle-aged old fogies. What can be more delightful than, mid the glare of modern gaslight, to recall in his lines, those bypast times when—
The glowing hearth
With faint illumination uplifted
The shadows to the ceiling, there by fits
To dance uncouthly to the quivering flame;"
or, mid the turmoil of telegrams and express trains, to read of the
"twanging horn" whose echoes yet resound in our time-dulled ears,
and bring before our mind's eye that

"Herald of a noisy world,
With spattered boot, strapped waist, and frozen locks,"
who has long since disappeared from its stage.
Surely it is some such mingled feelings which makes the poetry
of Horace such a fascinating and engrossing study to many. With
Dr Wood this is not all; he has a personal love for the man,
a fellow-feeling with his failings. A stanch conservative like
Horace, he leans to government by *hoi aristoi*, and has little sym-
pathy with *hoi polloi*; and though abstemious to a fault, as we learn
from the lays of the New Town Dispensary poet-laureate, who says,

"Like my wise friend Dr Wood,
Drink water alone.
About he drives,
And well he thrives,
And every day grows fatter,
Which shows that folks can thrive quite well
On plain cold water;"
yet we know that, like Horace himself, he can "enjoy a good
dinner and a good glass of Falernian as well as any man,"—upon
an occasion. With so many points of resemblance, and so much
sympathetic feeling with his author, it is no wonder that the trans-
lation of his poetry is with him a labour of love; and it is the fault
of the language rather than of the translator if it lacks somewhat
of the true quaintness of the original. Those who are rusty in their
Latin will find this translation a pleasing means of refreshing their
memories, while those more fortunate will delight to compare the
original with the rolling eloquence of the translator,—

"An honest man, close buttoned to the chin,
Broadcloth without, and a warm heart within."
The Lays by the Poet-Laureate of the New Town Dispensary
savour more of the symposium than the tirocinium, and recall mem-
ories of a more advanced period of life, which are, however, not less
pleasing, nor, we may add, less dashed with sadness; for amid the
many names of those whose joviality we find depicted in these verses,
too many, alas, have already joined the majority. A consider-
able number of these lays were published three-and-twenty years
ago, at the request of those whose conviviality they had promoted,
and the proceeds given to the funds of the New Town Dispensary.
Of these, the most graphic, and in every way charming, is that en-
titled the "Battle of Glen Tilt," which is illustrated by a series of
photographs—mostly of the same scene—quite as graphic as the
letterpress, and in some respects as amusing, each one affording a
perfect study of the mannerism of the artist. The remainder of the lays have been produced on various public and private occasions since that time, and are not all medical or even symposial in character. Some of them are most touchingly pathetic, such as that entitled "Lizzie," the translation of Wilhelm Kauff’s "Treue Liebe," and the ode to his "Chubby-checkit Oe," while, as if to prove that the author is quite up to all the questions of the day, the work appropriately concludes with "The Leddies." The profits of this second edition of the "Nugae Canora" are to be devoted to the building fund of the Edinburgh Royal Infirmary; so that those who possess themselves of it, as we counsel every one to do, will not only provide a fund of interest and amusement for leisure hours, but will have the satisfaction of conferring a benefit on suffering humanity at the same time. As a small foretaste of the pleasure to be obtained from the work itself, we quote the following, which is not only strictly medical, but also short enough to be transferred to our pages:—

CHLOROFORM.

Air,—Spirito gentil nei sogni miei.—La Favorita. Donizetti.

"Spirit genteeel,
Sweet chloroform,
Soft o’er me steal,
Quell each alarm;
When thy soft murmur
Rings in my ears,
 Quickly ’twill conjure
Away all my fears.

When on my hotly burning shoulder
Carbuncle blazes like a fire,
When through my largest three-fanged molar
The toothache rages dire,
Ah me! Ah me!
Spirit genteeel,
Sweet balmy gale,
What can I feel
When thee I inhale?

For Nasmyth’s big forceps with crashing claw,
For Syme’s silver pocket-case don’t care a straw;
Nasmyth may wrench me with forceps or with key,
Syme may make his crucial through me—all’s one to me.