view of leaving no instruction to be casually inferred by the reader, Dr Farre candidly admits, that, in three of the four cases, too much was done by ineffectual efforts to cure; while, in the remaining instance, a mere palliative plan effected all that medicine was capable of,—"it clearly diminished, but did not inflict any, suffering."

Although we cannot but lament, that the benefit produced by the cultivation of morbid anatomy is, in these cases but negative; yet, as it effects all that human research can accomplish, we most fully accord with the concluding sentiment of our author, that "this view of the subject is not derogatory: for the perfection of medicine consists, not in vain attempts to do more than nature permits, but in promptly and effectually applying its healing powers to those diseases which are curable, and in soothing those which are incurable."

We shall look anxiously for the succeeding fasciculi of this elegant work, as well as for the smaller publication on a similar subject, announced by Dr Farre, in conjunction with Mr Travers, and intended to appear periodically. The simplicity, and candour of the opinions advanced in the treatise before us, as well as the according accuracy of the descriptions and graphic delineations which it contains, lead us to anticipate with confidence, that his labours will ultimately put us in possession of a more complete knowledge of the varieties of morbid change, which the viscera undergo, than is to be obtained from the works of his predecessors.

IV.

The Morbid Anatomy of the Human Gullet, Stomach, and Intestines,
By Alexander Monro, Jun. M. D. F. R. S. E. Professor of Medicine, Anatomy, and Surgery, in the University of Edinburgh, Fellow of the Royal College of Physicians, &c. &c. &c.

Edinburgh. 8vo. pp. 567.

In the preceding article we have endeavoured to place the importance of the study of morbid anatomy in a just point of view. The information which it furnishes is always interesting, frequently useful, and never to be neglected, but its influence on the practice of medicine is neither so direct nor so extensive as many have represented. Of the truth of these opinions, the work before us furnishes many proofs. We shall begin our examination of it with a few general observations intimately connected with its plan.
Morbid anatomy may be prosecuted either with the view of merely ascertaining the varieties of appearance, structure, or form, of which the different organs of the body admit, or of connecting these, as causes or effects, with the symptoms observed before death. Both are eminently useful, but in different degrees. The former is, with some anatomists, the ultimate object of their pathological labours; and indeed, on many occasions, from our ignorance of the history of the disease, we can go no further; but it is still to be considered as merely elementary, and subservient to the attainment of the latter and higher object, and hence an accurate detail of the preceding symptoms is no less necessary to render a morbid dissection perfect, than an account of the appearances on dissection to complete the history of a disease. Their combination has been attempted by Dr Monro, in the very valuable work before us, which, we are informed,

“consists of two parts: The first containing a description of the morbid appearances discovered by dissection; the second a relation of the symptoms which preceded the patient’s death. On this relation a comparison is instituted between the symptoms which preceded death, and the appearances discovered by dissection.” p xvii.

Again: “Where the diseased appearance is so frequent as to admit of generalization, particular illustrations seem superfluous; but where a diseased appearance is singular or uncommon, it then becomes necessary to enter into a fuller detail, by an insertion of particular cases; for these, as Mr Abernethy has justly observed, ‘will probably convey more information in less words, than description or narrative, as they identify the kind of disease which is meant to be described, and inform as it were by example.’” —p. xviii.

We have, however, to lament, that general views so correct should be so frequently deviated from in the work itself. Sometimes the comparison is altogether omitted; at other times there is no enumeration of symptoms. On some occasions the appearances and symptoms are so far removed from each other, that their relation does not naturally occur; and, in general, varieties of appearances, as well as varieties of symptoms, are grouped together, so that they do not admit of comparison. Hence we regret that one or two well selected examples had not been more frequently preferred, as the means of illustrating particular affections.

In like manner, there are two distinct methods of systematizing the results of our pathological inquiries. They may either be classed according to the organs or structures of the body affected, or according to the diseases in which they occur. The latter mode is best suited to the nosographer, and the former to the anatomist. It has accordingly been adopted by Dr Monro.

The last general point of view in which we shall consider a treatise
treatise on morbid anatomy is, with a reference to the sources from which the materials are derived. Some writers, as Vogtel, have rested their reputation chiefly upon their industry in compiling, and judgment in arranging all that has been written upon the subject; while others, as Baillie and Walter, have endeavoured to merit the praise of originality by confining themselves to the description of their own collections, and of the observations which have occurred in their own practice; and many have combined both methods, more or less perfectly. Of this difficulty Dr Monro seems fully sensible in his preface.—"Before concluding, I cannot refrain from stating, that I have not attempted, by means of numerous quotations, to render my book an index to those already published; and to enter into an exact criticism of the works of preceding pathological authors, would exceed my present purpose;"—and yet it is want of due attention to these considerations which constitutes, in our opinion, one of the leading defects of Dr Monro's Morbid Anatomy. We could excuse the insertion, in a foot-note, of a string of references transcribed from Ploucquet, but we must unequivocally condemn the insertion, in the text, of statements, certainly not consisting with our author's personal knowledge, and for which the original authors are not referred to, if, indeed, they were consulted. Had Dr Monro contented himself with describing accurately the series of preparations in the valuable and extensive museum, which the University of Edinburgh owes to the zeal of his father and grandfather, and in the collection made by himself, and with arranging, along with his own observations, those of his predecessors in the anatomical chair, and his correspondents, he could not have failed to produce a classical work, which would have extended his own reputation, along with that of the school to which he belongs. It might then have been consulted and quoted, with perfect confidence as to the accuracy of the facts contained in it; because the Drs Monro and their correspondents were responsible for their truth. The value of such a work might have been still further increased by occasional comparison with similar facts already on record. But this should never have been done unless when it was attended with manifest advantage, nor until after the severest scrutiny of the accuracy of the reporter. We regret, therefore, most sincerely, that Dr Monro has buried his original and authentic matter under a mass of compilation, and deteriorated its quality by blending them so together that it is impossible to separate them.

In an introduction, Dr Monro enumerates the advantages resulting from the study of morbid anatomy; the circumstances which directed his attention peculiarly to it; his opportunities of cultivating
cultivating it; his reasons for making it the subject of a separate course of lectures, and the plan of his present publication. As the propriety of disjoining the morbid from the healthy anatomy always appeared to us doubtful, upon the grounds that they were most advantageously taught in conjunction, and as our doubts have been strengthened by experience, it is but fair to allow Dr Monro to state his reasons for so important an innovation.

"In the University of Edinburgh, the importance of Morbid Anatomy to the liberal and scientific study of medicine, has always been sensibly felt; and both my grandfather and father endeavoured, as far as their other duties allowed, to introduce the most prominent features of that science into their lectures on anatomy, physiology, and surgery.

"But in a course of medical instruction, comprehending so wide a field of inquiry as had been assigned to their charge, even though the term of lecturing extended to six months, it may easily be supposed, that only a small portion of time could be appropriated to a branch of the subject still overlooked or undervalued, and but too generally left, in the hurry for obtaining what was erroneously conceived to be more essential information, to the research and experience of a more advanced period of life.

"The opinions of professional men are now more enlarged; and this department has become so interesting, and promises such valuable and extensive assistance to the healing art, that it can be treated with complete success only when it is converted into a distinct object of study.

"These considerations, strongly impressed on my mind by the practice of my predecessors, and by the general current of medical opinion, induced me to deliver a separate course of lectures on morbid anatomy, and to prepare the materials of the following work." p. xiv, xv.

There is, no doubt, some weight in these arguments; but, in opposition to them, we shall first state the opinion of Dr Monro himself.

"There is reason to apprehend, that some students of medicine are not sufficiently apprized of the importance of morbid anatomy, and of the light which it reflects upon the diagnosis and treatment of many diseases: hence they direct their attention chiefly, or almost solely, to the anatomy of the body in its sound state." p. vi.

But the natural consequence of their separation is, that the great majority of students now learn nothing of morbid anatomy. With their time and their means often limited, they are unwilling to attend two courses of lectures, where one used formerly to serve; and they content themselves with that which is indispensable. But even in a different point of view, the disunion appears to us injudicious. It has deprived the university lectures of a decided superiority over all private courses, and of their chief recommendation to
to gentlemen who have already made considerable progress in the study of anatomy. With students, these considerations are of such weight, that we are convinced, that, by reuniting the morbid to the healthy anatomy, Dr Monro would not only lessen his labours, but advance the progress of his favourite study, and greatly increase the number of his pupils.

We cannot agree with Dr Monro, that the importance of morbid anatomy is generally undervalued; neither can we subscribe to his opinion, that it has hitherto been overlooked, and is to be considered as an almost new and unexplored field of study. That new facts are occasionally discovered, and that many remain to be discovered, we will readily admit, but we very much doubt, that practitioners in general possess so extensive an acquaintance with morbid anatomy, as when Morgagni's Epistles were found in every physician's library, and we are certain that these still continue to be incomparably the most valuable work in that department of knowledge.

We now proceed to give some account of the plan and nature of Dr Monro's work. In his general observations, he divides the organic diseases of the alimentary canal into six classes.

"The first class comprehends the explanation of the morbid effects which have resulted from hurtful substances swallowed by design or accident.

"The second class, the organic affections peculiar to the coats of the alimentary canal.

"The third, the nature and distressing consequences of the displacement of a part of the alimentary canal.

"The fourth is dedicated to an explanation of the various mal-conformations of the alimentary canal.

"The fifth, to a description of worms which occasionally infest the alimentary canal.

"And, the 6th, to an enumeration of the causes which lead to an enlargement of those neighbouring organs, which, by pressing upon the alimentary canal, prove a mechanical obstruction to the progress of its contents." p. 6, 7.

We shall make a few observations on each of these in order. The particulars comprehended in the first class do not exactly correspond with its definition, as we find sections allotted to calculi formed in the tonsils and intestinal canal, and substances swallowed without producing morbid effects, as well as to poisons and bodies producing injury from their mechanical properties. Of this chapter the most interesting and original section is that which treats of intestinal concretions. These singular bodies had attracted the notice of our author's grandfather, and more especially of his father, so that, by their united industry, the Museum of Edinburgh contains no fewer than forty-two specimens. Their specific character con-
sists in their being chiefly composed of very fine short fibres of a
tawny brown colour, matted together promiscuously, as in hat or
chamoy leather, frequently in layers, alternated with layers of a grey
earthy substance, grains of which are commonly also interspersed
among the fibres. They often contain an extraneous nucleus,
such as a cherry-stone, or biliary calculus, and vary from the size
of a pea to that of a mass weighing four pounds. Their shape
is very various, but always more or less rounded; and, when
not covered with an earthy crust, their external surface feels like
velvet, and may be compared to that fine brown skin which
covers the budding horns of the deer. As this species of calculus
has altogether escaped the notice of Fourcroy and Vauquelin,
Dr Monro prevailed upon Dr Thomas Thomson to analyze it.
According to this celebrated chemist, the average specific gravity
is 1.4, though when first thrown into water it swims; and,
besides some albumen, muriate and sulphate of soda, phosphate
and perhaps sulphate of lime, it contained two substances,
which Dr Thomson considers as peculiar, and of a different
nature from any hitherto examined. The first was only in very
small quantity. It dissolved at first in water, but became nearly
insoluble by the slow evaporation of the liquid, and it dissolved
in alcohol. Dr Thomson considers it as approaching most
nearly to vegetable extractive. The other non-descript substance
is much more important, as it constitutes the mass of the con-
cretion, and the knowledge of its nature alone can explain its
origin. We shall, therefore, in regard to it, quote Dr Thomson's
own words.

"After the action of all these re-agents (water, alcohol, potash ley,
and muriatic acid) there remained behind a peculiar substance, having
the colour and texture of the calculus. Ten grains of calculus left 1.2
grains of this matter. It was very light, and had the appearance
of cork, or rather of the peculiar fungus which is used on the continent for
tinder, and which the French call Amadou. It was in very short
threads. This substance is tasteless, insoluble in water, alcohol,
ether, potash ley, and muriatic acid. It blackens sulphuric acid,
and is dissolved, being partly reduced to charcoal. In nitric acid it
dissolves very slowly, and only when assisted by heat, and hardly ef-
fervesces. When the solution is evaporated to dryness, a whitish re-
sidue remains, which has a bitterish taste, and is imperfectly soluble
in water. Nitric acid does not convert it into any of the vegetable
acids, though digested on it repeatedly. This substance burns with
a slight flame, and rather like a vegetable than an animal body. It
is undoubtedly of a peculiar nature, differing from every animal and
vegetable substance hitherto examined. Its insolubility in potash ley
distinguishes it readily from wood. It has no resemblance to any
animal substance whatever." p. 46, 47.

Perfectly
Perfectly satisfied of the accuracy of Dr Thomson's experiments, we may, however, be permitted to dissent from his conclusion as to its nature. This singular substance must either have its origin in matters swallowed, or be an inorganic animal product. The latter supposition is contradicted, both by its fibrous texture, and its chemical analogy to vegetable substances; and the former is almost incompatible with the idea that it is an unusual and unexamined substance. Notwithstanding the alleged distinction between it and woody fibre, founded on the solubility of the latter, and insolubility of the former in potash ley, we are convinced, from our own observations and experiments, that it is a variety of woody fibre, considering as such the fibrous parts of leaves, &c. which resist the action of water and alcohol. This idea of its nature is further confirmed by the ready explanation it affords of the origin of these concretions. If a portion of vegetable food be, by some accident, arrested in its passage through the intestines, and retained in some angle or sac, every thing which is soluble or digestible will be removed by the action of the intestinal fluids and the absorbents, and, at last, nothing will remain but the woody fibre in a state of extreme division. When a nucleus is thus once formed, or furnished, by the retention of a cherry or plumb stone, it will excite an increased secretion of intestinal fluid, from which phosphate of lime will be deposited in the interstices of the fibres of the nucleus, and upon its surface, while accessions of fecal matter will give rise to additional laminae.

The symptoms occasioned by the presence of these concretions, are thus described by Dr Monro.

"Alvine concretions prove a source of much irritation, and impair the functions of the stomach and intestines, creating at the same time much griping, and sometimes very acute pain."

"The pain in the bowels is, in some cases, fixed to one part, is much more severe upon one occasion than another, especially after taking acids, or food of difficult digestion, and is frequently attended by nausea and vomiting."

"Some patients are much constipated for two or three days, and have yet a constant inclination to go to stool. Others have watery stools, and discharge, along with these, a quantity of a viscid ropy mucus, or blood, after which they are much relieved."

"Some patients discharge their stools involuntarily."

"Upon relaxing the parietes of the abdomen, a very hard, painful, globular tumor may generally be felt, most frequently in the course of the large intestines."

"It can seldom be made to change its place within the intestines; but often appears to do so in consequence of the change of place of the intestine which contains it. Hence the change appears greatest where the concretion is within the small intestines or arch of the colon,
colon, which, from the length of mesentery, or mesocolon, are very moveable.

"The digestive powers being much impaired, the patient becomes very weak, and much emaciated; and, from the continuance of the disease, is reduced to a skeleton.

"The pulse, in the earlier stages of the disease, is but little affected.

"Concretions have, in some cases, remained for years before they have been dislodged.

"In the more fortunate cases, the concretion, after exciting severe nausea and vomiting, has been ejected along with the contents of the stomach, or discharged by stool, or extracted from the rectum.

"It is not a little remarkable, considering the bulk of some of these concretions, that the intestinal canal is not more frequently completely obstructed.

"The intestines, from the duration of the disease, become more and more obstructed, so that laxatives by the mouth, or clysters, are necessary to procure a passage. Some patients are under the necessity of abstaining from solid food.

"Upon the alvine concretion changing its place, and passing down into the sigmoid flexure of the colon, or into the rectum, it creates excruciating torture in the region of the pelvis, and the bowels become much distended, from the passage being suddenly interrupted, and the patient apprehends instant death." p. 48—50.

"Alvine concretions sticking in the rectum may be felt with the finger, and in some instances occasion a retention of urine.

"An alvine concretion lodged in the rectum, only a little way above the sphincter ani, sometimes creates much pain while the patient is sitting; and the pain becomes still more excruciating upon his going to stool.

"When the rectum has become very much distended, in consequence of the alvine concretion, it sometimes is discharged along with the feces; or it may be readily extracted by the forceps, as in the preceding case; and when there are two or more concretions within it, upon extracting one of them by the forceps (which are used for extracting calculi from the bladder of urine), the others are commonly discharged along with the feces." p. 51.

Upon the very bold operation of cutting out these concretions when lodged in the colon, proposed by Dr Monro senior, and recommended by our author, we think it our duty to state, that the diagnosis is so difficult, that, in one case where the operation was strongly advised, it turned out, upon dissection, that the disease was a scirrhous pylorus.

The next disease noticed is the formation of calculi in the tonsils, a very rare occurrence, and it is remarkable, that the three examples in Dr Monro's museum were all communicated by one gentleman. These concretions were analyzed by Dr Thomson, and
and consisted of albumen, combined with phosphate and carbonate of lime.

Section fourth treats of the effects of arsenic, and has disappointed us very much. It contains only one sentence which we conceive to be properly placed in the work before us, and that not free from ambiguity. “When taken in any considerable quantity, it produces the most violent inflammation of the inner coat of the gullet and stomach, which is rapidly followed by gangrene, which, as two preparations in the Museum of Edinburgh shew, is not limited to the internal surface of the stomach, but which extends to all the coats of that organ.” We should have preferred very much a direct description of the appearances which these two stomachs exhibited in their recent state, to the whole of this section. When the stomachs of animals poisoned with arsenic are kept for some time, the parts which, in their recent state, were merely inflamed, acquire a dark appearance, resembling gangrene; and that this is not owing to the reduction of the arsenic, from the state of white to that of black oxyde, as has been supposed, is proved by its occurring in the stomachs of animals killed by its external application. In the numerous experiments we have made, we have never met with gangrene or erosion, even from the largest doses. In the observations collected by Dr. Monro from other authors, there are evidently some errors. We reckon among these, “It has been proved by repeated observations, that two grains of this oxyde prove fatal to man in a short time.” It is possible that two grains may kill, but that it has been repeatedly proved, we doubt. Again, “Upon opening the stomach, we sometimes meet with the poison adhering to the villous coat of the stomach, and the arsenic is found in its metallic state.” We do not believe that it was ever found in such a state. The original experiments made with metallic arsenic, and the artificial sulphuret, are quite out of place, as they throw no light on the morbid anatomy of the intestinal canal.

The third chapter treats of the organic diseases of the alimentary canal.

“There have been two very different plans followed by authors, in treating of this subject. By the one, all the organic diseases of the pharynx and gullet are described under one head; those of the stomach under a separate head, and those of the intestines under a third head. But such a plan seems to me liable to many well-founded objections.

“By the other plan, the organic derangements of the villous coat of the pharynx, gullet, stomach, and intestines, are explained in one chapter; those of the cellular coat in a second; those of the muscular coats in a third; and those of the peritoneal coat in a fourth chapter” p 108.

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Dr Monro states his reasons for preferring the latter arrangement.

"There are many advantages peculiar to this mode of proceeding pathological inquiries.

"It points out how far organic diseases are modified by the structure, function, and situation of the part affected; and it saves much unnecessary repetition in the description.

"This method of distributing the subject into parts, is not artificial and arbitrary, neither is it unnatural; for it has an immediate reference to the manner in which many organic derangements take their origin; these being limited at first to one of the coats of the alimentary canal, and being propagated to the other coats only in consequence of their continuance. It is founded, therefore, upon the principles of philosophical induction.

"This view of the subject suggests a corresponding division of the symptoms, viz. into those which are general, and characteristic of all the organic diseases of parts of a similar structure; and into those which are accessory, and which originate from the peculiar function and situation of the part affected. The great difference of the symptoms," says Dr C. Smyth, "is more owing to a difference in the function of the part inflamed, than to any specific difference in the nature of the inflammation, which, in most instances of visceral inflammation, is nearly of the same kind; terminates in the same manner; and requires the same general treatment."

"Lastly, this method of investigating the organic diseases of the alimentary canal, by directing and fixing the attention of future inquirers upon the origin and progress of organic derangements, may serve to point out those general principles which should be pursued in the treatment, and may introduce a new and more effectual means of eradicating the disease, or of arresting its progress, which is peculiarly adapted to the nature of the case." p. 108-110.

Upon the whole, we certainly agree with Dr Monro, and are fully sensible of the great advantage to be derived from classing together diseases of similar structures, in whatever part of the canal they may happen to be situated; but we consider a view of the same diseases, according to the part of the canal affected, to be no less natural, and no less necessary. Diseases of the rectum form a group as natural as those of the villous coat, and are as distinct in their symptoms, effects, and mode of treatment from those of the gullet, as the diseases of the villous and peritoneal membrane from each other. A complete knowledge of the subject can only be acquired by considering the various affections generally, according to their distribution in both arrangements; and, in proceeding to the detail of the different diseases, it would be of advantage to adhere rigidly to
to neither, but adopt sometimes the one, and sometimes the other.

The principle of arrangement adopted by Dr Monro is sanctioned by the example of Bichat, Pinel, and the later French nosologists, but is not borrowed from them. As, however, they have arrogated the merit of the discovery, it becomes us to strip them of their borrowed plumes. To give some idea of the importance attached by them to it, we translate a passage from Hutton's Life of Bichat. “Our brother, Professor Pinel, had considered inflammations in a manner till then unknown to the authors of nosological systems. The observations of morbid phenomena had led him to class inflammations according to the characters of organic affections. He thought, that, as these affections were varied, the structure of membranous parts was not identical. Bichat confirmed, in his Dissertation on the Membranes, the views and observations of Professor Pinel, and here we must admire the mutual support of anatomy and medicine: the one discovers, at the bed-side of the patient, what the other confirms by his examination of the body; the one, which is considered more conjectural, precedes, so to speak, the certainty which the other bestows upon this beautiful theory of inflammation. We must confess, that there is more merit in foreseeing, from the diversity of diseases, differences in organization, than there is difficulty in classing these affections after a perfect knowledge of the organs, and therefore science owes more, in these circumstances, to the original observations of Pinel, than to the anatomical researches of Bichat.”

Now the fact is, that Dr C. Smyth, in his excellent paper on the nosology of inflammations, published in 1790, in the second volume of the Medical Communications, completely and undeniably anticipated Pinel; and it is impossible to conceive that a professor of so much erudition, could be ignorant of an essay published in a collection of so great celebrity, more especially as it was analyzed in the periodical publications of the day in the most extensive circulation. Moreover, the principle, that the nature of the inflammation was determined by the structure of the part, was taught by John Hunter, in his lectures, as early as the year 1774, and, although these were not published till 1794, manuscript copies were in the hands of every pathologist. As Dr Smyth anticipated Pinel, so did John Hunter precede Bichat, who, on more occasions than this, lies under unacknowledged obligations to that great man; and the respective merit of our countrymen will not suffer by the insinuation common in the writings of the French physiologists, that the “great and philosophic views of Bordeu” furnished the first hints of the principle, for they are not to be traced
traced in the doctrines of that ornament of the Montpellier school.

We shall not enter minutely into the detail or criticism of Dr Monro's arrangement. Its general plan is to class the organic diseases of the alimentary canal, as affecting the villous coat, the cellular coat, the muscular coats, the peritoneal coat, all the coats, and the mucous glands, and to consider each of these again as they occur in the gullet, stomach, or intestines. The diseases which affect these different structures are inflammation, ulceration, erosion, gangrene, adhesion, effusion of serum and lymph, thickening, induration, deposition of cartilage and formation of bone, tumors of various descriptions, strictures, ruptures, spasm, and palsy. Upon all of these much valuable information is contained in this volume, along with much irrelevant, though sometimes interesting matter. We cannot, however, consider the specific nature of the "milt-like tumor of the mucous membranes," as fully established; for, of the two cases which he gives of it, the second occurred in a girl only eleven years of age, was firm, and almost cartilaginous at its attachments, although, in its processes, as soft as brain; whereas, among the characters distinguishing it from fungus hematodes, which he considers the same as the anomalous tumor of his grandfather, Dr Monro describes this milt-like tumor as occurring only in advanced life, and being extremely soft and uniform in structure.

The next chapter is entitled "of obstruction originating from displacement of a portion of the alimentary canal," and treats, in three sections, of intus-susceptio, procidentia ani, and ruptures.

The last of these subjects is treated of at very great length, as might naturally have been expected from one who had already published on crural hernia. It would far exceed the limits within which we must confine this article, even to enumerate the various and interesting matters contained in this section. It everywhere displays proofs of the zeal with which Dr Monro has incessantly studied the subject, and it is enriched with many valuable communications from his correspondents, among whom it would be unjust not to distinguish Mr Allan Burns of Glasgow.

Another chapter contains a very few observations on malformation of the lower part of the alimentary canal; and the last, on intestinal worms, is rendered particularly valuable by the truly scientific description, by Dr Leach, of the genus Tænia, as infesting the human body.

From the sketch we have given of the contents of this volume, the reader will have an idea of the vast variety and importance of the subjects of which it treats, as well as of our author's general plan
To have attempted a detail or criticism of the arrangement of the subdivisions of the different heads, would have been endless; but we should have been wanting in our duty, if we were to conceal, that everywhere great want of method and of precision is apparent. This is the more to be regretted in a book which ought to have become a work of reference. Titles of chapters and sections, contents and indexes, may appear to some matters of inferior importance; but we beg leave to refer those who think so, to the preface of Dr Monro's illustrious predecessor, Morgagni. In all these necessary appendages, the volume before us is lamentably deficient. In page 549, the third chapter is referred to; now, in the contents no division of the work into chapters and sections is alluded to; and, on turning over the leaves, we find not one, but two, third chapters. In like manner, the fifth section of the first third chapter is intitled of gangrene, and comprehends, as titles of subdivisions, symptoms, of the symptoms of hydrophobia, &c.; but one would naturally imagine the first treated of gangrene of the villous coat of the gullet, while, in fact, it contains the symptoms of its inflammation, which was treated of in the second section. And the admirably described case of hydrophobia by Dr Rutherford, which is here inserted, and to which, as to many other important observations, no reference is inserted in the grossly defective table of contents, has not only no connection whatever with gangrene, but did not present the slightest morbid appearance on dissection. The arrangement of the plates is equally confused; ten, twenty-one, seventeen, and twelve follow in succession, and eleven is placed between nineteen and twenty. There is no list of them given, nor any directions to the binder how to place them.

Upon the whole, in estimating the value of the volume before us, the matter must be carefully distinguished from the manner. Its matter satisfactorily proves Dr Monro's zeal, both as an intelligent observer himself, and as indefatigable in exciting others to labour along with him in promoting his favourite science. Were this volume possessed of no other merit, we should consider ourselves as under very great obligations to Dr Monro for the many interesting cases communicated by his correspondents, which he has thus preserved. But Dr Monro has occupied himself too exclusively in amassing a store of facts; and does not seem to have been sufficiently aware, that the reputation of a work depends very much upon the manner in which it is edited. It is not enough, in constructing an edifice, that our plan be good, and that we spare no pains or expence in providing the best materials. They must be carefully prepared and reduced to proper shape. They must be nicely fitted and adapted to each other, and the whole accurately and harmoniously arranged, or
the skill of the architect will be justly called in question. That it is the same with books, is so well understood by those most interested in their success, that professed editors are often employed, to digest and give form to the productions of valuable, but unskilful authors.

We have been led to these strictures, not only by a regard for truth, but from the hope that Dr Monro will profit by them; and, we trust, that we shall not be accused of want of candour, if we terminate our observations by the following well-written apology for the deficiencies of the work.

"Of the defects, as a literary production, of this treatise, which I deliver to the public with the greatest diffidence, no one can be more deeply sensible than myself. I am aware of its imperfections in regard to matter, arrangement, and style; and if I had not presumed to indulge the hope, that it might be of some use to the profession, I should not have thought, for some years to come, of appearing before the tribunal of criticism, in the capacity of an author, being not unwilling to flatter myself, that if I had delayed publication for some time, the work might have been less liable to the severity of criticism.

"But the following reasons have made me prefer an early to a more correct or finished publication.

"If the facts and observations contained in the preceding pages shall be found, as I hope they may be, an addition and improvement to the healing art, or lead to such improvement, the sooner they are delivered to the public, the more likely are they to do good.

"Another consideration, though more strictly personal, to myself, will, I trust, be allowed to be a laudable one. As a Professor of this University, I am anxious to convince the public, and especially those friends and patrons who placed me in that honourable station, that I have not been inattentive to the obligations which it imposed on me; and that in this instance, as in many others, I have been ambitious of treading, though with unequal powers, in the footsteps of my father and grandfather, who, for many years, filled the chair I now hold, with credit to themselves, and advantage to their country." p. 566, 567.