Part Second.

Reviews.

An Exposition of the Signs and Symptoms of Pregnancy: With some Papers on Subjects connected with Midwifery. By W. F. Montgomery, A.M., M.D., M.R.I.A. London, 1856.

After a lapse of nearly twenty years, Dr Montgomery has issued a second edition of his great work on the Signs and Symptoms of Pregnancy. Since its publication, the first edition has been everywhere the standard book on the subject. The greatness of this eminent and well-deserved position can be rightly appreciated only by those who understand “the peculiar nature and immense importance of the subjects treated of in this volume, whether we regard them in a professional, social, or legal point of view, and the extreme difficulty not unfrequently to be encountered in coming to a correct conclusion on such questions, on which, however, may depend, more than on the result of any other deliberation in medicine or surgery, for these can affect only life or health; but, in the questions considered in this book, are concerned, in addition, virtue, honour, domestic peace, legitimacy, and the rights thence derivable; in short, the closest ties that bind together, and sanctify the most delicate and important of our social relations; while the difficulties that beset us in such investigations are as intricate and embarrassing as they are numerous and deceptive, even to those who have long and carefully considered them.”

The first chapter is composed of general observations on the state of the female system during pregnancy. This forms a very appropriate introduction to the subject. It commences with a good description of the great changes taking place in the uterus immediately on conception, especially the formation of the decidua. But we find the author still adhering to the forms of expression, at least, of the errors in this subject for which John Hunter is chiefly responsible, forms which should now a days be as thoroughly laid aside and forgotten as the views they expressed. Thus, the uterus is said to be in a state analogous to inflammation; an expression which has little meaning, and that little wrong. Again, we are told, that lymph is poured out on the internal surface of the womb, that the decidua, when thrown off, presents many of the characters of false membranes, the results of inflammatory action in other situations. Such statements are quite inconsistent with the facts of the case, as modern anatomical and microscopical research has abundantly proved, and as a priori considerations might have alone sufficed to show. Inflamma-
tion has nothing to do in appearance, or in fact, with the processes following conception. If it supervenes, it arrests and perverts, and does nothing but harm.

Further on in the chapter we have an account of the dropsies of pregnant women, into which a little mystery is, perhaps, harmlessly introduced. Thus, Dr Montgomery describes the mechanical causes of dropsy in the lower limbs, and also the state of the blood generally accompanying albuminuria, as another cause. But, in addition to these, which appear quite sufficient, and the only real causes, Dr M. adduces another which we do not recognise, but as a piece of mysticism, namely, a "probably increased activity of the exhalants, which is, indeed, a condition of these vessels necessary for the performance of a very important process essential to the well-being of the foetus, namely, the secretion of the liquor amnii." No such general action is present in those dropsies apart from pregnancy, and none such is at all necessary to account for the same in pregnancy. The cited authority of Denman, even, gives us no additional light, and certainly does not convince us that any dropsy is ever beneficial. We could have wished such a passage as the following put in a form more in accordance with the science of the day.

"An increased activity in the circulation is required at a time when there is proceeding a rapid formation of new parts, and the vessels have to elaborate the materials both of structure and nutrition for a new being, and to exhale for its protection the liquor amnii; and even when this latter action of the exhalants is exerted in situations where it apparently assumes a morbid character, the result is often found decidedly beneficial, and relief of some serious ailment quickly follows, as the removal of undue determination to the head, lungs, or uterus, on occurrence of oedema of the feet and legs, which, as Denman observes, may in some cases be esteemed as a critical deposition upon the inferior extremities, of something superfluous, or injurious to the constitution."

Advancing in this chapter, Dr Montgomery gives a sketch of the great influence of mental actions in pregnancy, with valuable illustrations. This subject should be kept very carefully separate from the questions about breeding, Lord Morton's mare, Abdel Kader's Arab horse, etc., which involve some of the most difficult points in natural history, such as the limitation of species, the breeding of mules, the crossing of breeds, the mutability of the characters of a species or of a race, and others, the discussion of which is here out of place. But if the influence of mental impressions is to be kept a separate question in the main from that of mules, etc., much more should that of the transmission of disease which Dr M. has in some slight degree connected with the latter.

The well-known destruction of a mother's power of breeding pure stock, by having once produced a cross (as, for instance, suppose a white woman to have a child by a negro, and afterwards by a white, the white man's child will have some traces of negro peculiarities), has given rise to some analogical reasoning by Montgomery.
"Such occurrences (he says) appear forcibly to suggest a question, the correct solution of which would be of immense importance in the history and treatment of disease. Is it possible that a morbid taint, such as that of syphilis, for instance, having been once communicated to the system of the female, may long linger there, and, influencing several ova, continue to manifest itself in the offspring of subsequent conceptions, when impregnation has been effected by a perfectly healthy man, and the system of the mother appearing to be at the time, and for a considerable period previously, quite free from the disease. "My belief is certainly in favour of the affirmative." Such was the opinion I expressed in 1837; and further experience and observation have, I think, shown to be fact, what I could, then, only venture to say I believed to be likely. Thus, M. Vidal has reported the following case (Gaz. des Hôpitaux, Nov. 6, 1841), which seems strongly in point: "A woman, whose husband was affected with constitutional syphilis, gave birth to a child, which, in two months, showed symptoms of that disease, of which it died: the woman never had any appearance of syphilitic affection, not even sufficient to soil her linen. Her husband died, and, after remaining some time a widow, she married a healthy man; and about twenty months afterwards, being four years after the former birth, she bore a child, which, in two months, presented the same form of syphilitic eruption which had appeared on the former child." In another case of great interest, related by Cazenave (Traité des Syphilides, etc., p. 133), the same result was observed, though under circumstances somewhat different. "A widow became affected with syphilis, for which she was treated, and appeared perfectly cured, and remained afterwards in uninterrupted health. Some time after, she married, and had in succession two children, who died of syphilis, but the husband was not in any way infected by her. This second husband soon died, and madame married a third time, and had twins, which perished of the same disease: afterwards, she had a son, who was soon attacked with that form of syphilitic ulceration called corona veneris, but being put under mercurial treatment, got well and survived. It is worthy of remark, that the second of the children communicated the disease to its nurse."

Before leaving this subject, I wish to notice a fact, the observation of which I thought was original with me; but I now find it was made long ago by others.—(See Gardien, Traité d'Accouch. ed. 1824, vol. ii., p. 29. Dr F. H. Ramsbotham, Medical Gazette, May 23, 1833, p. 244.) It may be thus stated: A woman is married to a man who has latent constitutional syphilis, by which she is infected, but will show no symptom of the contamination until she conceives, and perhaps miscarries, and then, the taint is manifested by the development of secondary symptoms in the course of a few weeks, as if the infection was at first communicated and confined to the product of the ovary, and the general system became thence contaminated: or perhaps, another explanation may equally apply, and we may suppose that the new condition and altered action of the generative apparatus had the power of rousing up and rendering active the latent poison lurking and dormant in the woman's system—as we see occasionally happen in patients constitutionally disposed to phthisis. Whichever of these explanations may be nearest the truth, there can be no doubt of the frequent occurrence of the fact."

Now, into this very important subject we shall not enter further than to say, that we believe it is one almost, if not altogether, completely settled by syphilographs, among whom Ricord stands pre-eminent. We may refer our readers to M. Diday's late work on syphilis in newly born children, for a good exposition of the whole subject. All Dr Montgomery's difficulties about his cases are explained by the generally admitted laws of syphilis; that it may be a constitutional disease in an individual without any outward
sign being present; that a man cannot get syphilis from a woman without infection by disease of some part of the surface of her body; that a woman may get it from a man without any external disease, namely, by bearing a syphilitic child in the womb of her previously healthy body, which child infects her with the disease; that she may then exhibit outward signs of the disease now in her constitution, or, without this, may prove her syphilitic taint by producing syphilitic children to another perfectly healthy father. Such a woman having no chancre, and never having had it, will not communicate syphilis to any man.

The second chapter introduces us to the subject matter of the book. One can scarcely read it without feeling how desirable it would be to have an always available sign that a woman is not pregnant. Dr Montgomery and his colleagues in obstetric work should seek for such a sign of the non-existence of pregnancy. It would be quite as valuable as any of our highly prized signs of the existence of that state. These last must be confessed to be often very treacherous. Dr M. says, that of unequivocal symptoms there are but three; 1. Active movements of the child, unequivocally felt by another; 2. Its presence in utero, ascertained by ballottement; 3. The pulsations of the foetal heart. Miserabile dictu; we lop off the first two, and leave the last, as of itself and alone the only unequivocal sign of pregnancy. Do you hear the foetal heart in that belly? Yes. Then the woman is pregnant. Do you hear in that belly pulsations of a heart not synchronous with the mother’s pulse? Yes. Then the woman is pregnant.

We quite agree with Dr M., that if any of the three symptoms which he names be ascertained beyond doubt, it settles the question. But are the active or passive movements of the child so often absolutely beyond doubt, as to deserve a place near the auscultatory sign. Nay. You hear or you do not hear. There is no degree in this. It gives certainty or nothing. It is available during at least the whole latter half of pregnancy. If it is so delicate or indistinct as to be in the slightest degree doubtful, then its value is gone. But this is a very exceptional or rare result of auscultation. You raise your head from the stethoscope, in the immense majority of cases, with a decided yes, or with a negative result.

Other signs may occasionally be unequivocal. Thus the parts of the child may be so distinctly felt, as to leave no doubt. Its active or passive movements may be also quite unequivocal. But these signs are often not to be felt, even at the periods of pregnancy most favourable for them. Moreover, they are signs having degrees of distinctness; and all signs of this kind tend to seduce the practitioner to an unwarranted feeling of confidence. We might cite Dr M. himself, to prove how often these so-called unequivocal signs have deceived both mother and practitioner. Do you feel the child? do you feel it move? do you repercuss it? The answer, Yes, does not, in the majority of cases, produce absolute certainty.
It only evokes the question, Are you sure you feel it? Is it not something else? These signs have all the bad qualities of the colour-tests in chemistry. You require to be very sure, indeed, of them, before you can be wisely confident. It is not so with that invaluable auscultatory sign, the foetal heart's pulse. Only a fool or a knave could say, I hear it and count it, if it do not exist. Great authorities have often made sad mistakes, from trusting to the active or passive movements of the child. Dr Montgomery's cases of error from auscultation will not shake any one's confidence.

"The late Dr Labatt told me that he was called in, to give an opinion on the propriety of using instruments, in a case, where the attending physician hesitated to use the crotchet, because he could hear the pulsations of the foetal heart: it turned out, that the woman was not pregnant.

The following is related by Dubois:—"A young woman, in whom the menses had ceased for five months and a half, applied for admission at the Maternité, under the supposition that she was pregnant; the size of the abdomen corresponded with the date of the cessation of her menses, and she assured him that she felt the child move. In about a month after, Dubois auscultated her, and found a double pulsation, varying from 128 to 130, at the lower part of the abdomen, on the left side. Happening shortly afterwards to feel her pulse, he was astonished to find it beating at precisely the same rate. On repeating his auscultation, he discovered that these double pulsations became more and more distinct, as he approached the epigastrium, so that it was impossible not to recognise their real source; the sound of the patient's heart extended over the whole abdomen, and at its lower portion, was so feeble, as to be easily mistaken for the sound of a foetal heart: upon making a careful examination per vaginam, it proved, that she was not pregnant."—(British and Foreign Medical Review, Oct. 1839, p. 371.)

No doubt, the active and passive movements, if ascertained beyond question, are unequivocal. But this is only saying that, if unequivocal, they are unequivocal; and as much may be said of several other signs of pregnancy. For instance, Dr Montgomery himself says (p. 108), that he has not seen the secondary areola earlier than the fifth month, but towards the end of pregnancy, "it is very remarkable, and constitutes a strikingly distinctive character, exclusively resulting from pregnancy." Again, in another place (p. 109), he says—"Such are the essential characters generally belonging to, or connected with, the true areola, the result of pregnancy; and, when found possessing these, it ought to be regarded as a very strong proof of the existence of that condition, no other cause being capable of producing it." This is scarcely logical, but can bear but one meaning. Still farther on, Dr M. gives us another sign which is occasionally unequivocal according to himself (p. 166)—"Making all due allowance for such exceptions and discrepancies, the dark abdominal line is an evidence of pregnancy entitled to much consideration, and has a considerable value as a corroborative indication; if it be accompanied by the umbilical areola, I believe we have a decided proof of pregnancy." Farther on we find that exact observer, Depaul, using two more unequivocal signs in early pregnancy, namely, hearing the active and passive movements of the
child. "He attributes (says Montgomery) to these sounds a great practical value, as certain diagnostic signs of pregnancy, at a period when other means afford only probabilities, and when, as yet, the foetal heart-beats are not discoverable, but with which they have this in common, that if once unequivocally heard, they not only decide the question of pregnancy, but prove also the life of the child."

But, leaving the special question of equivocal or unequivocal signs, we find that Jacquemier, Malvani, Heiberg, Sperino, and our author consider the distinct blue vagina a certain sign. On this subject Dr M. has made observations which are so very interesting that we offer no apology for quoting them entire.

"I shall now state the results of my own observation on this matter, to which I have, for some time, paid considerable attention.

The shade of colour observable is not accurately represented by calling it blue, or comparing it to that of the violet or of port wine; a more correct designation would be, I think, a livid or dusky hue. It is altogether different from the shade of colour seen in ordinary, vascular congestion, even when intense, or in cases where there are varicose veins. I believe the nearest approach to it is the colour occasionally noticed on the vaginal membrane during menstruation; but this is not a case likely to mislead us. According to Pouillet, the existence of haemorrhoids will produce this colour of the vagina: I have had many opportunities of testing this assertion, and have no hesitation in declaring its inaccuracy.

In the vulva, it is most distinct on the inside of the nymphae, and about the orifice of the urethra and the clitoris; and the dusky hue becomes more and more strongly marked, as we ascend towards the upper end of the vagina and os uteri, where its appearance is often very striking, when the colour is but imperfectly developed at the entrance of the vagina.

Even when it is fully developed about the entrance of the vagina, the colour is never so deep as that of port wine; but in such a case, the os uteri will present a very dark hue indeed. It is not, however, uniformly or continuously diffused over the whole mucous membrane, but is seen in patches, between which the membrane appears simply congested.

I have not found its perfection at all proportioned to the dark colour of the hair, as remarked by Kilian.

I have not seen any instance of its being clearly visible within the first two months; it is frequently not developed until the fourth, or even the fifth month. I have had several opportunities of watching the gradual development of this peculiar colour, and of noting the fact that, even in cases where it became strongly marked after the fourth month, it was not visible until after two months of pregnancy had elapsed.

It is sometimes, even at advanced periods, not perceptible at all, and, in some instances, it is so faintly marked as to be altogether equivocal; and in such case, it ought to have but little influence on our opinion: because other conditions may cause an appearance so closely resembling this imperfect colour, that it would be impossible to draw the distinction. But I have never seen a single instance in which its perfect condition, as observed in healthy pregnancy, was simulated in any other state of the system.

In every instance, without a single exception, in which I have found this appearance distinctly marked, pregnancy co-existed. But pregnancy may exist, and this colour may not be visible, either because not developed in the particular case, or because the vital actions of pregnancy have been arrested; for I have had several opportunities of observing its disappearance, when the ovum has been blighted. One very striking instance of this I shall have occa-
sion to relate, in a future section on protracted gestation; the case of Bridget Smith, in whom it was unusually well marked at the fourth month, but at six months, had quite disappeared; the ovum having been, in the meantime, blighted.

My experience, then, justifies me in regarding this peculiar appearance as a very valuable diagnostic indication; liable to this drawback, that it is not available as a general means in practice, a consideration which must of course considerably modify the value of this test; but, nevertheless, should subsequent observations prove that healthy pregnancy is, in the great majority of instances, or even in a very large number, accompanied by such an appearance becoming visible within the first or second month, the fact would certainly be one of the most important additions ever made to our means of making a correct diagnosis, in cases of early pregnancy; and the more especially, as it would be applicable to a period, at which, we have no other satisfactory means of discovering the existence of that condition; and might occasionally, under peculiar circumstances, be resorted to, with propriety and advantage."

With the exception of the auscultation of the foetal heart's pulsations, no sign of pregnancy should ever be regarded as alone decisive, except in those cases where the child can be certainly felt to move actively or passively. A combination of signs will generally lead to very great assurance, if not to a decided diagnosis.

"1st. Should the examination be required before the end of the third month, we have, in general, no sign or symptom, on which we can place perfect reliance; but our opinion must be formed from the suppression, or continuance of menstruation, the state of the breasts and areola, sickness of stomach, and state of the os uteri. In a rare instance, quickening may have taken place, the dusky colour of the vagina may be developed, or the dark abdominal line may be present; the placental souffle may perhaps be audible or possibly the foetal heart-beat, or the sounds produced by the movements of the child (see pp. 228, 245), or we may be assisted by the detection of some idiosyncrasies of the individual, or by her being conscious of exactly the same sensations as those which had been experienced at a similar period, in her former pregnancies. "On the whole," to use the words of Smellie, "the difficulty of distinguishing between obstruction and pregnancy, in the first months, is so great, that we ought to be cautious in giving our opinion, and never prescribe such remedies as may endanger the fruit of the womb; but rather endeavour to palliate the complaints, until time shall discover the nature of the case, and always judge on the charitable side, when life or reputation is at stake."—(Midwifery, vol. i., p. 191.)

2dly. In the fourth or fifth month, in addition to the above points of reference, we seek to detect the increased size of the abdomen, and the uterine tumour, which, at this period, is generally well defined, and may be felt overtopping the anterior wall of the pelvis: the umbilical depression is beginning to diminish, and the foetal movements have been most probably felt by the mother, or may be recognised by the hand externally applied; the uterine souffle and foetal heart-beat may be heard; and, in most cases, the dusky colour of the vagina, and the dark abdominal line, will be distinctly perceptible, and ballottement is available.

The os uteri is now much changed, as are also the breasts, on which we may expect to find the areola fully formed, and, in some instances, the peculiar mottled appearance, or secondary areola already described; not unfrequently a lymphy or sero-lactescent fluid is found exuding from the nipple, or the extremity of this part is covered with the little bran-like scales.

3dly. In the sixth and subsequent months the development of the abdomen and the size of the uterine tumour, within which, we may be able to distinguish different parts of the child's body, the umbilicus raised to the level of the sur-
rounding surface, or projecting above it, the patulous and otherwise greatly altered state of the os uteri, and shortened cervix, above which we feel the bulging body of the uterus, and the head of the child lying against its anterior wall, if distinctly recognised, afford proofs which leave no room for doubt, which would, of course, be equally removed, if we detected the phenomena derivable from auscultation.

In investigations of this kind, an invariable rule should be, to collect every possible proof before we venture to pronounce an opinion, not trusting to the evidence of any particular sign, or sympathy, however distinct, or whatever may be our faith in its value; but taking all the evidence together; and judging of it collectively, and comparatively, except we have distinctly and unequivocally heard the pulsations of the foetal heart, or felt the child move in utero, which ought, of course, to be completely decisive of the question.

Should the case be one occurring in an unmarried female, or into which legal considerations enter, whether of a civil or criminal character, and involving property, reputation, or life, our decision ought to rest on no evidence that admits of doubt, and if we cannot have such proofs as will rigidly satisfy our judgment, and enable us to decide without hesitation, our uncertainty must be candidly and fearlessly expressed, and our decision postponed, until a further lapse of time shall remove the obscurity of the case, and in the meantime no treatment should be adopted, which could interfere injuriously with the state of pregnancy."

We must refer our readers to the work itself for the most masterly discussions of each of these symptoms of pregnancy, discussions which are as nearly perfect as may be, and will maintain the position of this work as a standard authority long after the present race of obstetricians have fallen into oblivion.

The three supplementary chapters are all marked by the same characters of high excellence, as are found in the main part of the work. They are on the periods of human gestation, on the spontaneous amputation of the foetal limbs in utero, and on the signs of delivery. This last very difficult medico-legal discussion is summed up as follows:—

"The substance of the preceding observations may be summed up in the following general corollaries:—

1. The signs of delivery are most distinct after the birth of a full-grown child; and least so when the uterine contents have been expelled at an early period of pregnancy.
2. The proofs are more distinct in proportion to the recency of the delivery; and any examination made after the lapse of ten days from the time of the delivery, is not likely to afford satisfactory information, the most decisive signs, in general, disappearing within a week.
3. The third or fourth day generally presents the results of delivery very distinctly, the condition of the breasts being then most remarkable from the active secretion of milk.
4. A first delivery is more easily detected than subsequent ones.
5. We cannot safely rely on any of the signs of delivery viewed separately, but must consider them collectively, their mutual relation and correspondence with each other, and with the other collateral circumstances of the woman's case and history.
6. The chief points of attention ought to be the state of the uterus, the external parts, and of the breasts.
7. Taken by itself, a fresh laceration of the perineum ought to be considered as a proof of great value.
8. There are certain physical signs, which, when present, are sufficient to establish a negative decision; such are, for instance, a perfect hymen, or an imperforate state of the parts.

9. But, on the other hand, a woman may have borne children, and no one mark remain by which the fact of delivery could be proved, after the lapse of even a few weeks.

10. A woman may be delivered while in a state of insensibility, or even during natural sleep, so that her child may perish, merely from want of attention, and without any moral delinquency on her part.

11. A woman may be naturally pregnant, and the life of her child ascertained, and yet child-birth may not occur, the child perishing and being decomposed before the time of delivery, as in the cases related, p. 589., et seq.

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Hooper's Physician's Vade Mecum. Fifth Edition. Enlarged and Improved, with an Outline of General Pathology and Therapeutics. By W. A. Guy, M.B., etc., etc. London 1856.

The Surgeon's Vade Mecum: a Manual of Modern Surgery. By Robert Druitt. Seventh Edition. Re-written, much improved, and illustrated by 300 Engravings. London 1856.

Both these manuals have again and again been favourably noticed in our pages, as their increasing sale compelled their publishers to issue new editions. Dr Hooper's volume, the first on our list, has now reached its fifth edition, in the thirty-sixth year of its existence as a medical text-book. Of course, to be in request in 1856, Dr Hooper's little work required much alteration, both from himself, and after his death, from others. For many years the volume has received careful revision at the hands of Dr Guy, who, in order to make the work presentable as "a Manual of the Principles and Practice of Physic," has appended some 230 pages on General Pathology and Therapeutics. In the present edition, this part of the work has received many important additions, while the several portions of the volume, comprising the practice of medicine has, by the insertion of several new forms of disease and recently established facts, been brought up to the requirements of the present day. Were we critically disposed, we might join issue with Dr Guy on many of his statements; but, as our present object in writing is to notice the work as a whole, and as a general text-book for students, we decline the discussion of these minor points, and beg to recommend it as one of the best manuals on the subject at present at the disposal of the student.

Mr Druitt's volume has deservedly enjoyed a great reputation as a concise manual of modern surgery. It has now, in the course of a few years, reached its seventh edition, and has had the advantage of the author's thorough revision, being "re-written and much im-
proved.” In the accuracy of both of these statements, after perusal of the work, we beg to express our concurrence. Mr Druitt has availed himself most conscientiously of the latest improvements in surgery, and in this edition has given us the best portable manual on surgery which we possess, and as such we recommend it. Though, with large additions to the letterpress and engravings, the volume is not unwieldy, and maintains itself respectably in the statutory “manual” dimensions.

The Anatomist's Instructor and Complete Guide to Anatomical Manipulation. By Frederick John Knox, Surgeon, late Conservator of the Museum, Surgeons' Hall. Edinburgh 1854.

This is the second and improved edition of a work published several years ago in our Edinburgh School of Medicine. It is intended at once as a companion to the student who wishes to avail himself of the lessons to be gathered from our Museums, and by its practical instructions to aid him not only in understanding the complicated processes through which any anatomical and pathological preparation must pass before it can be admitted to the shelves of a museum, but also to enable him to preserve specimens in a satisfactory manner for himself. The arrangement of the book is very complete, comprehending the formation of Anatomical and Pathological Museums, and under both of these heads minute directions are given as to the various methods of preserving the soft textures; injections of all kinds; preparation and articulation of the skeleton, and the best mode of preserving diseased structure, illustrative of pathology; the lesions of each organ being considered separately. The following extract contains sound advice with regard to the putting up of morbid parts, and illustrates well the interesting style in which the work is written:—

Where the collection is very extensive, a single individual cannot, of course, do every thing that may be required in its increase and preservation. Assistance must be had recourse to, and thus many highly objectionable practices and numerous mistakes will creep in. If you employ a non-professional person, for instance, to articulate a skeleton for you, his sole object will be to make it look well: he will unhesitatingly proceed to substitute the bones of other animals, when those of the skeleton which he may be putting up may happen to be unsound, or destroyed by using too great liberties with it in articulating. The non-professional, I find, are exceedingly anxious to have every thing complete about a skeleton, and they carry this so far as to supply with a formidable set of teeth jaws which never carried teeth of any kind. They will even put in a piece of wood, rather than allow any deficiency to appear. What is worse than all this, they attempt to improve nature, and do not hesitate to introduce an entire phalanx, or even a new toe, into the foot of an animal, merely because the foot seems to them ill formed. The skeleton of the ostrich,
which Cuvier has represented in one of his works, must have been the handiwork of some such mechanist. It is a fact, that instances have occurred, where, because the cervical vertebra of a bird proved troublesome on account of their number, three or four of them were unhesitatingly thrown away by the person employed to put up the specimen, and the skeletons declared to be greatly improved, in consequence of the shortened neck. I have been much astonished lately, to find that nearly the whole engravings in Cuvier's work on the Fossil Remains must have been taken from imperfect specimens, and, what I confess I do not perfectly understand, no notice is taken of these deficiencies in the letter-press. The skeleton of the dugon, for instance, wants the *serrcanum*, many of the vertebrae, and the temporal bone, and not a word of all this is to be found in the letter-press. The skeleton of the *Baleuna Australis* in Paris, I am informed, has indeed baleen in the mouth, but I have been also assured that it is not the baleen which the animal made use of whilst alive. I admit that it may have been found difficult to preserve the baleen, and I also admit that its presence is a great ornament to the skeleton; but the substituting a part of one animal, to supply the place of a lost portion in another, is a procedure which can never be allowed. It is not admissible even when positively stated in the description or catalogue, for by-and-by the fact gets lost sight of by the herd of copyists who follow, and the public are misled and imposed upon. But although these practices are deeply to be deplored even in healthy and comparative anatomy, when the system is carried into diseased structure it becomes a much more serious matter.

A most singular instance of the want of pathological knowledge exists in a museum I lately visited, where, in preparing the skeleton of a rickety person (the lower jaw-bone of which had been affected with an interesting and rare morbid condition, leading to the absorption of the alveoli), I observed the mouth had been supplied with a very complete set of teeth, and the diseased state of the alveoli very dexterously repaired with putty! This was evidently the direct consequence of want of pathological knowledge. It has been supposed by the persons who may have repaired the skeleton, or even he who originally put it up, that the appearances presented by the alveoli were the results of protracted maceration; but they should have known that the lower jaw at least is of so dense a texture when sound, as to resist the decomposing effect of delayed maceration longer than any other bone in the body; and as the bodies of the vertebrae were evidently sound, the lower jaw must have been in a diseased state previous to the death of the individual. As another instance of the misfortunes attending a want of proper knowledge, I recollect of seeing a preparation labelled "Case of fracture of the acromion process of the scapula," which, when examined, proved to be simply the acromion process remaining as a separate portion of bone up to the adult period of life. Now, if the individual had ever prepared the young skeleton, sect 78, or heard a proper course of lectures on the osseous system, the mistake never could have been committed, for he would immediately have perceived, that instead of a fracture, it was merely a case where the young condition of the scapula was persistent. It might have informed him of more, for in all probability the whole skeleton of the individual presented a similar appearance.

The concluding part of the work contains some excellent remarks on the art of drawing, modelling, the use of the microscope, etc., etc., which the student and the practitioner will find advantage from perusing.
The objections so justly urged against the use of manuals, do not apply to this little volume. It is, truly, as it styles itself, a book of and for emergencies, and not intended to supplant those classic works which demand careful study alike from the practitioner and the student. When consulted in the moment of uncertainty, it will supply trustworthy information sufficient for the special difficulty; but having done so, it wisely stops short and directs the inquirer for fuller information to the proper quarters. We have tested the accuracy of its statements with some care, and have found it unimpeachable, except where one could least look for any shortcoming, in the title-page. Its object is there stated "concisely to point out the immediate treating to be adopted in cases of poisoning, drowning, apoplexy, burns, and other accidents," etc. etc. The subjects in the volume are wisely arranged alphabetically, and yet we have failed to discover in this fourth edition any notice of the "immediate treatment" to be adopted in cases of drowning. The word itself is not to be met with, and in vain have we sought for its synonyms. One of the items in the treatment, viz., "artificial respiration," is undoubtedly noticed, but with no special reference to this form of accident; while many other duties which the medical man must see rendered to the drowned, and which are of essential importance, escape mention. This omission, which we trust to see remedied in a future edition, impairs somewhat the value of a volume, which we wish to see in the possession of every young practitioner.

Course of Study and Medical Schools of Scotland for 1856-57.

As we mentioned in our November number of last year, we here anticipate by a month the publication of our Students’ Number, in order to place in the hands of Students and others the Tabular Statements contained in the following pages, which, we trust, will afford trustworthy information at a time when such is really wanted. Our former arrangement was objectionable, inasmuch as our tables were only forthcoming when the Student had come to town, and must, so far, have decided as to his plan of study.