CRITICAL RETROSPECT

OF

MEDICAL AND PHYSICAL LITERATURE.

[FOREIGN AND DOMESTIC.]

An Inquiry into the Symptoms and Causes of the Syncope Anginosa, &c.
By C. H. PARRY, M. D.

[Concluded from our last Number, pp. 389—390.]

"As the disease advances, or in violent cases, the paroxysms sometimes come on, or are much increased, from certain passions of the mind; from slow walking; from riding on horseback, or in a carriage; from swallowing, speaking, coughing, or straining at stool; and sometimes also they attack the patient from about two to four o'clock in the morning, or while sitting or standing, without any previous exertion or obvious cause. The paroxysms now also become more violent, and do not so readily recede. During the fit, the pulse sinks in a greater degree; the face and extremities become pale, and bathed in a cold sweat, and for a while, perhaps, the patient is deprived of the powers of sense and voluntary motion. At length, after the disease has recurred more or less frequently, sometimes during a space of many years, which admit of the patient's death from a variety of other causes, a more violent attack, of the nature which I have just described, puts a sudden period to his existence.

"These are the essential symptoms and more obvious causes of the unmixed Angina Pectoris.

"To this we may add, that the Angina Pectoris is in no stage attended with inflammatory fever, and that both its termination, and the appearances, on dissection, of those who die of it, are totally different from those related in the paper (to which I refer) in the London Medical Transactions.

"Equally dissimilar also to the disease which I have described are those three cases by Drs. Macbride and Smith, of Dublin, in the fifth volume of the Edinburgh Medical Commentaries. They are evidently cases of palpitation of the heart, such as every physician of extensive practice must have often seen. In almost every violent case of this kind, there is a pain of the chest and elbows, as in the true Angina Pectoris. Nor is it difficult to understand how a rapid and irregular transmission of blood through the carotid and pulmonary arteries should produce that laborious respiration, turgescence and redness of the face and eyes, and head-ach, which
which are mentioned in the cases referred to. In the true Angina Pectoris, on the contrary, as we have seen above, there is neither dyspnœa nor palpitation of the heart.

"From the detail which I have given, it appears that there have been published not more than ten essays relative to the true Angina Pectoris, containing only as many detailed cases, and nine distinctions of persons dying of that disorder.

"We cannot wonder that an experience so contracted should have left some symptoms of the disease unnoticed, and much uncertainty with regard to the distinctions and pathology. These deficiencies, I trust, will be in part supplied by the cases which I have related.

"In Mr. Bellamy, the Angina Pectoris appears to have been much complicated with another disorder, from which its symptoms are scarcely separable; but the two last cases are by far the most simple of any which have been detailed. They had medical assistance the soonest after the commencement of the paroxysm, and proved fatal after the smallest number of attacks. Mr. S**** may be almost said to have twice died; so that the circumstances accompanying the fatal termination were capable of being ascertained in the most exact manner.

"He had the common symptom of a pain affecting the sternum, and extending from thence across the lower part of the left mamma, first into the inside of the left elbow, and afterwards of the right elbow. This pain was relieved by eructations. He had no dyspnœa, or palpitation of the heart. His pulse was weak and small; and had, at long intervals, an occasional imperfect stroke. These symptoms have already been mentioned by authors as generally occurring. The following circumstances I cannot any where find described:

"My patient's disorder was increased by bending the trunk of the body forwards; and it was probably from some relief which he experienced that he was fond not only of straitening the spine, with the head somewhat reclined backwards, but also of stretching out his arms in the posture of yawning. He fighed frequently, and seemed to take great pleasure in reeling on a full inspiration, which afforded a momentary relief to the uneasy sensations in his chest. Is it possible that this symptom, which is not remarked by any of the writers on the Angina Pectoris, was wanting in those cases which fell under their notice? I am disposed to think that it was not; because it has been very observable in several examples which I have known of patients labouring under this disease; and my learned friend, Dr. Falconer, with whom I have conversed on this subject, assures me, that it was particularly remarkable in two instances which were some years ago under his care, nearly at the same time, and which ended in sudden death.

"From the preceding observations, I think it evidently appears, that the Angina Pectoris is a mere case of Syncope or Fainting, differing from the common Syncope only in being preceded by an unusual degree of anxiety or pain in the region of the heart; and..."
in being readily excited, during a state of apparent health, by any general exertion of the muscles, more especially that of walking.

"On this principle I would thus venture to insert this disease, in Dr. Cullen's Nofological Sytem, under the trivial name of Syncope Anginosa.

"G. xxiv. S Y N C O P E.

"Motus cordis inminutus, vel aliquamdiu quiescens.

"I. I D I O P A T H I C E.

"i. Syncope (cardiaca.) Ex. vitiis cordis, vel vaforum vicinorum.

"a. Anginofa. A corporis motu inter ambulandum fepe oriens; præeunte anguflia, vel dolore, peétoris notabili, per mammam finiftram praecipue porrecto; fine cordis palpitatione.

"Angina Peétoris Autorum.

"b. Palpitans. Sine caufa manifesta fepe rediens, cum palpitatione cordis vehementi in intervallis.

"2. Syncope (ocafionalis) ex affectione totius syftematis manifesta.

"II. SYMPTOMATICE, five symptomata morborum, vel totius syftematis, vel aliarum prater cor partium.

"Befide some other changes in Dr. Cullen's original classification, I have, in this new arrangement, inserted the Syncope Anginosa as a variety of the Syncope Cardiaca; and I have given the trivial name palpitans to that arising from the more common diseases of the heart, because the latter is usually attended with palpitation, which I have marked as wanting in the former."

Chap. IV. p. 70, is entitled, "Caufes of Syncope in general. — Differences. — Predifposing Caufes. — Exciting Caufes. — Caufes of Syncope Anginofa. — Diseafed Coronary Arteries of the Heart."

But it is unnecessary for us to give any farther extracts from this work, as we are convinced that every medical practitioner will speedily and carefully perufe the original.

The Anatomy of the Gravid Uterus, with practical Inferences relative to Pregnancy and Labour. By John Burns, Surgeon, Glasgow, 8vo. pp. 248. price 5s. in boards. London, Johnfon.

We have no hesitation in recommending this work to our readers. In the Introdudion the author juftly infillis on the neceflity of an accurate anatomial knowledge of the gravid uterus, as the foundation of the art of midwifery; and truly observes, that, "He who his ignorant of this fubjedt, can only pradtife with impunity in those cafes where the affiftance of art is ufelefs; and even here, he is only safe whilst he remains a mere fpe&ator." But the author does not confine his observations solely to the anatomy of the uterus; the reader will find considerable attention has been paid to the pathology of this organ, and also several important practical directions are given on the diforders attendant on pregnancy, as well as on actual labour and its confequences.

On the fubjedt of flooding occurring about the feventh month, and which takes place from the attachment of the placenta over
the os uteri, we shall give the author's own words, as they are an epitome of the best modern practice.

"When flooding depends upon this cause, venesection, cold, and the usual remedies, may moderate or check it for a time: but the only radical cure is delivery. This, however, is at first difficult, or impossible to be accomplished, from the tightness of the vagina, and the firmness of the os uteri. The best practice, therefore, is, to restrain the haemorrhage, by cold applications, or a plug, until the parts will more readily admit of distension. Until this can be done, the danger is not great, because, as long as the os uteri is firm and small, the bleeding is, comparatively speaking, inconsiderable. In this species of flooding, the quantity of blood which is lost marks the progress of labour, or the degree of dilatation; and whenever the flow is so great as to demand our immediate interference, we may be certain that delivery can readily be accomplished. The danger of the case, from immediate loss of blood, and the ease with which we can operate, are exactly proportioned to each other. The propriety, therefore, of not interfering manually too soon, will readily appear; because, at first, we may, by cold and plugs, moderate the haemorrhage, until the parts admit of delivery; whilst we should inevitably increase the discharge, by beginning our operation prematurely, at the same time that we did not, by this conduct, gain one single advantage.

"We then introduce the fingers, to dilate the os uteri, and either separate the placenta, or pull our hand through its substance. Pushing the hand through the placenta is by no means so advisable as separating it, where this can be done; because the placenta, when attached over the os uteri, is generally less in circumference, and greater in thickness, than when attached at the fundus. We have, therefore, a great number of cells or vessels to tear, and find it difficult to pull the child through the mangled placenta, which will continually interrupt us in our operation.

"After which, we lay hold of the feet, and deliver slowly. I say slowly, because precipitation is useless, as well as dangerous, the body of the child acting as a plug, and restraining the bleeding.

"Delivery then, is the only chance of safety, and this we begin as soon as the state of the parts will permit us. Evacuation of the waters, which is useful in other species of flooding, is useless here, and ought never to be procured, unless as preparatory to delivery, when we are ready to perform it. The necessary prelude to this evacuation, namely, the separation or piercing of the placenta, must increase the discharge, instead of abating it."

We would recommend to some of our Correspondents, who have lately favoured us with remarks on Adhesion of the Placenta, to read what Mr. Burns has written on this subject.
The most Cogent Reasons why Astringent Injections, Caustic Bougies, and Violent Salvations, should be banished for ever from Practice: with the mildest Methods of safely treating every Species of Venereal Infection, Strictures of the Urethra, &c. and correcting Mischiefs arising from Caustic Bougies. By William Rowley, M. D. Member of the University of Oxford, &c. Large 8vo. pp. 180. Price 4s. London. Murray and Highley.

The author's celebrity, and the importance of the subjects treated of in this work, will not fail to procure it readers. We cannot present a better account of the contents of this performance, than that given by the author in the Conclusion.

"THE origin, progress, improvements, and treatment of every species of venereal infection have been discussed, as far as this performance admitted. Animadversions on destructive principles and practice, new or old revived chimerical projects, have been profusely introduced. Antivenereal remedies, whether openly avowed and regular, or secret and irregular, have been examined and criticized. The reasons for never treating any venereal infection without mercury, and the necessity of banishing powerful salvations, are submitted to the consideration of the learned and experienced in the medical profession: they are founded in reiterated observation, and admitted by the most able practitioners in Europe. The merits of mild successful practices, and the additional force of mineral alternatives in complex venereal cases, according to circumstances, constitutions, seasons, and climates, are energetically inculcated. Many original and appropriate prescriptions have been communicated, for the different purposes of practice in the variety of circumstances that occur. The superior utility of fumigations, and of many methods of treatment, has been defended, which fleeting whimsical hypotheses, or which inexperience or presumption, had rashly decried, without any practical knowledge of their importance. Astringent injections have been demonstrably proved the principal cause of urethral obstructions and stricture. Mild methods of treating such cases, with safety and success, have been ardently recommended and fully authenticated. Caustic bougies, applied to the urethra under pretence of removing strictures, have been shown not only inadequate to their intentions, but often dreadfully destructive in their consequences. When radical cures have been confidently promised by the causticators, and credited with the warmest hopes and expectations by the deluded patients, additional misery, permanent sufferings, or a dreadful death, have been too often the consequences of the tormenting delusion. The methods of alleviating the horrid miseries, which caustics produce when applied to the exquisitely sensitive urethra, are lastly introduced, and many causes of impotence from urethral complaints explained. The whole work is interspersed with sentiments and reflections on many defects of the art, and what appeared the most effectual means of their removal, by a learned and practical education, such as Boerhaave, Hoffman, Heister, and other distinguished physicians and surgeons have possessed and inculcated. These doctrines
doctrines are chiefly intended for the serious perusal and contemplation of students; and the inexperienced, and all who have been deluded by those, and other late chimerical fallacies, which have urged the necessity of the present animadversions.

"Having now discharged a duty to the profession, and to the public, from whom, through a long life, so much confidence and protection have been experienced, a short pause may be requisite. An apology may be thought expedient." An apology should be offered for the free cenfures advanced; the frequent repetitions of which, to some readers, may prove difgusitive. To the learned and well-informed, many parts may be thought redundant; but to those who are inexperienced, and have yet their profession to learn, a work cannot be too explicit or instructive. There appeared but two modes of procedure on the present occasion: either silently to suffer a continuance of dreadful injuries to society, or to openly expose their evil tendency. The former would have been pusillanimous and iniquitous; the latter, therefore, has been adopted, in order to reform some of those serious abuses, that have been revived or forced into the art with more speciousness and rashness than truth.

"The cenfures are not levelled against any particular practitioners; but formed on the broad basis of general and public utility. Medical men should live in the utmost harmony and esteem, and never feel offended for difference of opinion. Facts alone should decide, and sagely direct their practical conduct. An affection, a warm affection for the excellent art of surgery, and a sincere regard for its honour, prompted the absolute necessity of the present publication. Numerous practitioners, both in town and country, are well informed of the deleterious effects announced, and some may be found, more capable of treating these important subjects. Many, who vehemently condemn in private conversation the practices impeached, shrink from the ungrateful talk of publicly exposing the direful consequences. Several have expressed an impatient desire to see the recited errors brought forth to public view, and, if possible, banished; yet they shift the onus scribendi on any shoulders except their own. It is more laudable to attempt to serve the public with moderate talents, than to suffer horrid misery to be inflicted on mankind, under the seducing appearance of the greatest benefits.

"It would argue great apathy and negligence, after immense experience, joined to an ardent attachment to the art for above forty years, not to present all the fruits of constant industry and attentive inquiry. It will appear, on reflection, that I come not to destroy, but to save.

"Those, who have been attached to the use of astringent injections, have been proved to be the ringleaders of the most terrible evils, either immediate or remote, that ever afflicted mankind. Relinquish, then, that favourite practice, that injurious prejudice: thus will urethral strictures daily be reduced in number, and, in time, be heard of no more!

"As
"As the evils of urethral strictures must occur so long as the effects of astringent injections, or other mal-practices continue; let not the cruel violent modes of burning the most susceptible parts of man be adopted for their removal."

"It may be expected that this work, however dictated by humanity, must produce private enemies, who will secretly whisper what they dare not openly avow. A man accustomed to the distraction of malevolence for public benefits has little to apprehend; but mankind should be warned how they receive calumniating inducements instead of truth. In this liberal science let not the proverb be applied, figulius figulum oedit, medicus medicum. However events may happen, it can only be said, that, unless provoked, many additional proofs of the mischievous tendency of the cenured doctrines shall ever be suppressed; but if forced, by any defence of the practice, they shall appear in all their hideous colours."

Annals of Medicine for the Year 1799: exhibiting a concise View of the latest and most important Discoveries in Medicine and Medical Philosophy. By Andrew Duncan, Sen. M. D. and Andrew Duncan, Jun. M. D. Fellows of the Royal College of Physicians, Edinburgh. Vol. IV. 8vo. pp. 580. Price 8s. in boards. London, Robinsons; Edinburgh, Mudie.

THIS volume is divided into four Sections. The first, which occupies about half the volume, contains an analysis of books; and of those published in England we have already given an account in our preceding numbers; of the foreign articles, an analysis will be given as soon as possible.

The second section is intitled Medical Observations, comprising original communications of cases, and their treatment; some of which are referred to in the present† and preceding‡ numbers of this Journal.

The second, in the order they are published, is a Case of Uterine Hemorrhage, where the Placenta was expelled four hours before the Birth of the Child. By Mr. John Chapman, Surgeon, at Ampt-hill. As there is something uncommon in this case, we shall present our readers with an abstract of it.

"Upon my second examination," says the author, "I discovered the head, as before, with an edge of the placenta beginning to protrude

* A distinguished nobleman was said to be perfectly cured by the burning caustic—pus, fancies, and different coloured matter is daily voided with the urine, with additional callosities in most parts of the urethra.

Such are the pretended cures, many instances of which I have seen. A servant of the same nobleman lost his life by the caustic.—While I am writing this, a clergyman is present, who unhappily had the caustic repeatedly applied, in the course of two or three years; the original cause of his stricture was the application of astringent injections, when a youth at Eton. The use of caustic has rendered him truly miserable, who was but slightly so before.

A gentleman had a caustic lately applied to the urethra; cold shiverings followed, and he died in a few hours.

† See Mr. Hull’s Cafe, page 428. ‡ See Vol. III. page 322.
trude through the os uteri, with a very trifling hæmorrhage. This
was increased upon the return of the pains, but was so inconsiderable,
as not to be directly alarming. I therefore did not conceive myself justified at this stage in proceeding to immediate delivery; but
as, upon every return of pain, the placenta became more and more
protruded through the os uteri; and as it was now entirely detached,
without the head in the least advancing, and the hæmorrhage be-
ing somewhat more increased, I informed her of her situation, and
the necessity there might be for immediate delivery, if the hæmor-
hage increased: Finding it would be with very great reluctance she
would agree to this, I requested my worthy friend, the late Mr.
Humbertone, (the gentleman I then assisted), might be sent for.
Previous to his arrival, the pains continued so strong, that the os
uteri became dilated, and the placenta was completely expelled
through the os externum: this happened about three o’clock on
Monday morning, and with very little hæmorrhage; but from this
moment the pains entirely ceased. I would now have proceeded
to delivery, but it was objected to, because she had not any pains;
that she had plenty of strength; and that they hoped there would
not be any impropriety in waiting the arrival of Mr. H., who was
every moment expected: I agreed, if no hæmorrhage happened in
the mean time. He did not arrive until five o’clock. There had
not been the least hæmorrhage since the expulsion of the placenta.
We now concluded, as the pains had entirely subsided, much was
to be feared, and nothing could be gained, by delaying delivery
any longer. If we were to wait the return of pains, the hæmorr-
hage might return, and we should be brought to that point of time
when we must be obliged to deliver; and she would most probably
die under the operation. Having great strength and spirits, the
necessity of turning was properly represented to her; and the danger
that might accrue from any farther delay. She now submitted,
and the parts being perfectly well dilated, Mr. H. introduced his
hand, with little difficulty, into the uterus; but with all his efforts,
for upwards of half an hour, he could not recover a foot. I then
made an attempt, and introduced my hand readily into the uterus,
and found it spasmodically contracted, in a longitudinal direction;
the circular fibres acting without the consent of the longitudinal.
I proceeded with the greatest degree of caution, acting betwixt the
pains, (which our efforts had now excited); but every effort to
introduce my hand farther towards the fundus uteri, where the feet
evidently lay, increased the spasmodic contraction, that with all
my efforts for nearly an hour, I gained nothing, and desisted.
During the whole of this time, the hæmorrhage had not in the least
increased. Our efforts to turn being thus frustrated, we thought
that, by bringing down the hand, the head might be brought suffi-
ciently low in the pelvis, (being a large pelvis, and only an
eight month’s fœus), as to come within the grasp of the forceps,
resolving to apply them higher than would be admissible in almost
any other case. The forceps were then sent for; but in the interim,
it was proposed by Mr. H. to give a dose of tin&. opii, to take off
this
this preternatural action of the uterus. I objected to it, as we
could not say, Go so far, and no farther; and if it should go far
take off the action of the uterus, and the haemorrhage return, we
should most probably lose our patient. However, I consented to
twelve drops only being given. In a very short time, she became
caly and comfortable. In less than half an hour, the natural pains
returned; so that six or seven pains expelled the child entirely by
the efforts of the mother, the head and arm presenting. Nothing
remarkable happened in her recovery, except in about ten days, she
suffered triflingly from the swelled leg, (which has been so well
described by Mr. White). I must deviate from my subject, to
observe, that it is the opinion of some very respectable men, that
this never affects the same patient more than once; but this woman
had the same affection of the leg in her first labour.

REMARKS.

1st. What I wish to call the attention to in the above case is,
that, notwithstanding the placenta was nearly three hours from the
first protrusion through the os uteri to its complete expulsion through
the os externum, she lost very little more blood than women usu-
ally do when the placenta is expelled after the birth of the child.

2dly. From the expulsion of the placenta to the birth of the
child, was full four fours. She lost little or no blood. How far
does this suggest a different practice, (to that in general followed),
I mean, of delivering the placenta previous to delivering the child,
in these cases of alarming hemorrhage, where the placenta is situ-
ated on the side of, or over the os uteri?

3dly, The very singular and sudden effect produced by so
small a dose of tinct. opii, in removing the spasmatic contraction
of the uterus, suggests to us a most excellent remedy on these
occasions.'

The following extract from page 492, &c. is given in order to
illustrate the communications of Drs. Trotter and Yeats, on Nitrous
Fumigation, in this and the preceding number. In a letter to Dr.
Duncan, Dr. Yeats says:

"In turning over the pages of the last volume of Annals of Me-
dicine, I find another testimony in favour of Dr. C. Smyth's plan
for destroying contagion. As a further proof of this, I can add,
that it was successful in arresting the progress of a contagious fever
in the jail of this place. Three persons were taken ill of a typhous
fever, one of whom died. This circumstance reached the ears of a
gentleman of great respectability in this neighbourhood; he was
immediately prompted by his well-known humanity, to order fur-
ther assistance, and desired me to attend. Only one person was ill
of the fever when I went, but he was dangerously so, and the con-
tagion was evidently attacking another. All the rooms were im-
immediately fumigated with the nitrous vapour. The man ill of the
fever shewed symptoms of amendment very shortly; and in the
other,
Dr. Duncans' Annals of Medicine for 1799.

other, on whom the typhous contagion had commenced its attack, no further marks of the complaint made their appearance. I should have laid no stress upon these circumstances, had I not been informed, that many years ago, a contagious fever appeared in the jail here, and spread into the town, of which several died. It appears to me, from what I observed, that had not the nitrous fumigations nipt the contagion in the bud, something similar might have happened at the present time. I beg leave to subjoin a few remarks on the objections which Dr. Trotter has made to Dr. Smyth's plan. In the Medicina Nautica, p. 229, Dr. Trotter has observed, that 'Dr. Smyth's Preventive is the very substance that every intelligent officer is hourly employed to drive from the decks of his Majesty's ships.' Again, p. 230, 'In Dr. Smyth's process, when the nitrous acid is converted into gas, it loses a portion of pure air; it is now an elastic fluid, under the title of nitrous air, or gas. In this state it will remain for some time, till it again, by a chemical attraction, recover its pure air, when, by its specific gravity, it will fall to the deck, nitrous acid.' Were this statement correct, the inference no one could deny; but it is not nitrous gas which is disengaged, but concentrated nitric acid in a state of vapour. In this state it has a large quantity of oxygen in its composition. Instead, therefore, of abstracting that principle, it will readily part with it, and thus render the atmosphere purer. The fumes procured from nitre by the sulphuric acid, are very different in their appearance and qualities from nitrous gas. The former is a white visible vapour, but nitrous gas is invisible; and when at free, immediately unites with the oxygen of the atmosphere, and forms the orange-coloured nitrous vapour. There is, therefore, a material difference between the two. This mistake, Sir, seems to have escaped the notice of all who have engaged in this controversy between Dr. Smyth and Dr. Trotter. There is no doubt, that the nitrous gas would be extremely prejudicial, but the nitric vapour is certainly useful, and possesses qualities diametrically opposite to the nitrous gas. Dr. Trotter's objections to Dr. Smyth's plan, appear to have arisen from his not having a perfectly distinct chemical idea of the nature of these gases. Dr. Trotter observes, page 229, 'That in proportion to the quantity azot attracts of oxygen, it is called azot, azotic gas, nitrous gas, nitric acid, nitric acid.' Again, p. 230, 'There is no great difference between azotic and nitrous gas.' The mistake here is evident; azot and azotic gas contain no oxygen. This principle is termed simply azot, when freed from its caloric; but when it assumes the aeriform state by a combination with the matter of heat, it is called azotic gas. With respect to the difference between azotic and nitrous gas, there is a very material one. The azotic gas contains no oxygen, and does not readily unite with it, as every one knows who has attempted to form the nitrous acid, by passing the electric spark through a mixture of azotic and oxygen gases. Nitrous gas, on the contrary, is a compound containing oxygen, and readily unites with it to form nitrous acid at the temperature of the atmosphere. A candid examination
examination will convince a mind so open to philosophical conviction as Dr. Trotter's, that a misconception of this kind has led him into errors in his objections to Dr. Smyth's plan. The health of his Majesty's naval subjects is intimately connected with the dispute; and I trust, that nothing but a zeal for the improvement of science will induce any person to attach himself to the one or the other side.”

A Letter to Thomas Keate, Esq. Surgeon General to the Army, one of the Surgeons to St. George's Hospital, &c. &c. with some Remarks on the Medical Profession, occasioned by the approaching Election of a Surgeon to St. George's Hospital, vacant by the Resignation of Charles Hawkins, Esq. on the 9th of April, 1800, pp. 32.

Hull, 18.

The purport of this letter is to prove that the Governors at large are not competent judges of the merits of the candidates. The author wishes some alteration to be adopted, and “is sure the business is best conducted by committees, which should be elected annually, at a general meeting of the governors.” That the committee of twenty-four professional and extra professional members, should consider the merits of the candidates for any vacant offices, and for those of surgeon and physician, and be empowered to elect successors, who, the author proposes, should have more than two-thirds of the whole committee in their favour.

MISCELLANEOUS INTELLIGENCE.

To Dr. BRADLEY.

SIR,

THE inclosed advertisement will explain itself; but though I have renounced every idea of emolument, I doubt whether I shall have the audience I require. Mr. Davy and myself are going to publish on the gas, of which we have had so much and such agreeable experience in Palfy. I have had accounts from India of the successful use of acids in ulcers venerea and of the stability of the cures effected by them. At the Pneumatic Institution, and in private practice, they have proved strikingly efficacious. Perhaps, as a matter interesting to medical philosophy, you will allow me to add, that I want an assistant in physiological experiments; he must be dexterous in the use of the scalpel, and should be something of a draughts-man. Among the unsettled students of medicine, there must be individuals qualified for the undertaking; and I hope that their spirit of investigation will be sensible to this invitation. I had engaged a gentleman, whole