

fore the more to be deplored that omissions are to be found, as we have shown, with too frequent recurrence; while throughout, there is with a few exceptions, as under circulation, an utter neglect of comparative anatomy and physiology. Most portions contain the expression of his own experience, but in several, the experience of his predecessors and compeers is not even alluded to, their labors are rarely referred to, and, occasionally, when noticed not acknowledged; so that while this book may enlighten a savant, it is comparatively unfitted for the beginner.—Moreover, we think that matter of inferior importance has now and then usurped the place of that which would have been superior, the shadow having been preferred to the meat.

This book, like all others of London workmanship, is beautifully printed on excellent paper, and in every way well got up. It professes to contain 500 illustrations, on wood, copper, and stone, most of which are scattered through the text, while the remainder are collected into five tablets and appended to the end; they are admirably executed, many are new, being representations of the author's own preparations, so that the looker on is spared the tedium of repetition, which is felt in examining several recent compilations of Physiology: not a few, however, have been put in to make up a show, as the figure of a skeleton which fills up page 230, and certainly does not meet the end in view by giving the reader an idea of the peculiarities of the respiratory muscles. The utility of the work is somewhat lessened by the want of an index and table of contents; our task has truly not been lightened thereby.

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## CLINICAL LECTURE.

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*Clinical Lecture on Scarlet Fever.* By Hamilton Roe, M.D., Physician to Westminster Hospital. [Condensed from the *Lancet*.]

To-day I have to direct your attention to three cases of scarlet fever, which afford good illustrations, one of them, of its usual course when it goes on favorably, and two, of terminations which I believe to be more common than are supposed.

The first case is that of Samuel Stamford, aged 13, admitted 16th October, and now (Nov.) convalescent. He was a bleary-eyed, scrofulous looking boy, but not weak, and lived in an unhealthy locality. There was no evidence of contagion. He said he had fever and sore throat three days before admission, and since then gradually got worse. He was covered with a scarlet eruption, most marked over abdomen. His throat was red and swollen, and swallowing was impeded; tongue coated at base, red at tip and edges; respiration easy; pulse quick; heart's action accelerated, but no unusual sound; skin hot; bowels not opened for three days; breath offensive; urine high colored; senses dull, and notices no one.