

these two exist in all the secretions and excrements. In this stage every organ throughout the frame becomes deranged, and presents imperfect performance of its functions, as the secondary symptoms so distinctly show. The proximate cause of this stage I believe to be nearly complete atony of the sympathetic system, which no longer possesses the capability of giving energy to the stomach, so as to enable it to assimilate more than a very small portion of the various articles of food received into it.

Let me succinctly recapitulate.

I conceive the proximate cause of diabetes to be threefold. Of the first stage it is an inflammatory condition of the mucous and glandular structure of the stomach; of the second, it is a state of atonic excitement, resulting from the activity of the former; and of the third it is nearly perfect atony of the nerves which bestow upon the stomach the capability of secretive action.

From the two cases I have detailed and those I have quoted, it appears that the first stage of diabetes is not characterised by sugar in any of the fluids, and that it may terminate without passing into the second; that the second stage may continue for some time, and not proceed into the last; and that if the causes which induce the third and last stage be applied during the existence of the first stage in sufficient strength, the third stage is at once induced, to the exclusion of the second; and that from the circumstance of the third stage passing into rapidly terminating phthisis, with cessation of all its symptoms, the saccharine urine among the rest, that the disease does not depend upon any structural lesion. The three stages, with their products, may be thus shown:—

First stage ..	{ Lactic acid, Lithate of ammonia.
Second stage. {	Fat, Sugar.
Third stage.. {	Lactic acid, Emaciation.

DENTAL SURGERY IN THE UNITED STATES.

THE subject of dental surgery appears to attract considerable attention among our friends on the western shores of the Atlantic. A school of dental surgery has lately been established, and is now in full activity, at Baltimore, superintended by four professors. Candidates, after an attendance on the lectures during two years (or for a less time if they should have previously attended medical lectures), undergo an examination and write a thesis on dental manipulations; besides which, they are required to perform certain operations and to make artificial teeth, palates, &c., which, if approved of, they receive the degree of doctor in dental surgery. We heartily desire that some such anxiety for improving this branch of the profession in this country should be evinced.

CASES

TREATED AT THE

WOLVERHAMPTON DISPENSARY
AND CASUALTY HOSPITAL,

WITH OBSERVATIONS.

By JAMES TURNBULL, M.D., Physician to the Institution.

I.—OSSIFICATION AND DILATATION OF THE ASCENDING PART OF THE ARCH OF THE AORTA.

P. GITTINS, a tall, thin man, aged 58, came under my care at the dispensary 1st December, 1842. He had formerly been a farmer, but for some years he had worked with a horse and cart. About two months before, he had become unable to do his ordinary work, and had felt much exhausted in going up some stairs. He had not, however, experienced much shortness of breath or palpitation of the heart, but rather a general weakness, and an indisposition to make any exertion. He had also observed, about the same time, that his ankles were a little swelled in the evening. Only three weeks had elapsed since he had done some light work for two hours a-day; during the last fortnight, however, he had been getting gradually worse, and had remained constantly in the house. In his habits he had always been quite temperate; he had never been attacked with acute rheumatism, and no cause could be assigned for his illness, except that he had formerly suffered from mental distress. The first sound of the heart was very dull, and heard as if at a distance. There was a distinct rasping sound in it, loudest at the base of the heart, and a little above this point; the impulse did not seem stronger than natural; the pulse was 80, rather weak; there was a little oedema of the legs; the digestive organs were much out of order; the tongue thickly coated, dry, and dark-coloured at the centre; no appetite; the bowels had not been open for five days.

R *Compound powder of jalap*, two scruples;
Protochloride of mercury, two grains.
Mix for a powder, to be taken immediately.
R *Tincture of foxglove*, ten drops;
Spirit of nitic ether, half a drachm;
Hydrocyanic acid, two drops;
Camphor mixture, an ounce. Mix for a draught, to be taken two or three times a-day.

On seeing him two days after I found that his bowels had not been fully acted upon by the powder, and as he felt weak and depressed the digitalis was not continued. A draught was prescribed, with castor oil and turpentine, of each half an ounce. Though his bowels were freely opened by this, no improvement took place. His tongue continued very much coated, and became very

dry, and almost black at the centre. The state of his tongue, the appearance of his countenance, and the depression under which he laboured, made his case bear some resemblance to typhus. His skin was of the natural temperature, but his pulse became feeble, from 80 to 84. His eyes were unusually bright, but in other respects he was dull and stupid, replying slowly to questions, and complaining of nothing but lowness. Wine, beef-soup, and stimulating medicines, carbonate of ammonia, camphor, and sulphuric ether, were prescribed, but without any permanent beneficial effect. For ten days he was confined to bed, and got gradually weaker, without the occurrence of any other well-marked symptom; the two or three last days he refused to take any food or medicine, and his respiration became very deep, slow, and laboured. He continued, however, perfectly sensible, but gradually became weaker, and died on the 14th of December.

Post-mortem, Examination 16th December.

The lungs were somewhat emphysematous, but otherwise healthy. There was no fluid in either side of the chest, or in the pericardium. There was a small patch of false membrane, not larger than might be covered by the point of the finger, deposited on the outer surface of the right auricle, and another patch on the corresponding part of the serous surface of the pericardium; the deposits were not very recent, and there was no adhesion between them. The right auricle and ventricle were healthy; the left ventricle slightly hypertrophied. All the valves of the heart were perfectly free from disease, but the structure of the ascending portion of the arch of the aorta was very much altered, from the deposition of a large quantity of osseous matter between the internal and middle coats. The ossific deposit completely encircled the origin of the aorta, and formed a bony ring, of considerable strength and thickness, immediately above the semilunar valves. From this upwards nearly two inches, small thin plates of bone might be picked from beneath the inner membrane, which had cracked in several places, so as to give the part a rough appearance. There was a dilatation, capable of containing the half of a small walnut, about three-quarters of an inch above the valves, on the upper and anterior part of the vessel. The coats were here very thin, and there was a small greyish spot about the centre of the dilated part, which seemed ulcerated, from the separation of a small piece of bone.

The termination of this case, by gradual exhaustion of the powers of life, without the occurrence of any very well-marked symptoms of disease of the heart or organs of circulation, except those furnished by auscultation, is worthy of observation. The appearances after death were such as have

been described by Laennec, Dr. Davis, and other writers, in cases where there is deposition of osseous matter between the coats of the aorta. Both of these writers have described the rough and cracked state of the vessel in similar cases; and Dr. Davis observes, that in dilatation or aneurism of the aorta, the internal membrane is often affected in this manner; that red points and slight cracks are seen upon it, and numerous incrustations between the internal and fibrous coats; also, that these cracks or fissures correspond with the edges of the incrustations, and that the internal surface of the vessel becomes, therefore, rough and unequal.

II.—CHRONIC ECZEMA TREATED BY TAR-OINTMENT, &c. IODIDE OF MERCURY AS AN EXTERNAL APPLICATION IN PSORIASIS AND SYCOSIS.

J. Tolley, a woman from the country, sixty-five years of age, and of a pale, sallow complexion, became a patient at the dispensary 6th of November, 1842. Her constitution was rather infirm, and she had been affected with an eruption of chronic eczema for twelve months. The eruption had at times been better, but had never entirely disappeared, and when I saw her she had it slightly on both arms, and on the inside of the thighs. The anterior part of the lower half of the right leg presented a red, excoriated surface, from which there was an abundant exhalation of serous fluid; and towards the circumference of this there were some thin yellowish scales. The left leg was similarly affected, but in a less degree. There was much itching of both legs. Her tongue was furred at the back part, and her bowels rather costive. An aperient electuary was prescribed.

R *Confection of senna*, three ounces;
Sulphur and bitartrate of potassa, of each half an ounce;
Sesquioxide of iron, two drachms;
Syrup, as much as may be sufficient to make an electuary. Take a teaspoonful twice or thrice daily.

R *Infusion of quassia*, eight ounces;
Solution of potassa, a drachm and a half. Mix, and take two tablespoonfuls daily.

Two days after she likewise made use of this unguent:—

R *Tar-ointment*, two drachms;
Lard, six drachms. Mix, for an ointment, to be used two or three times a day.

In a short time after this ointment was employed she got much better, the exhalation of serous fluid from the right leg diminished, the eruption began to heal up, and her general health and strength improved by the use of the tonic medicine. This treatment was continued until the 20th, and as there was then some eruption remaining, the

strength of the ointment was increased, equal parts of tar-ointment and lard being used; and she had also

R *Iodide of potassium*, two scruples;

Compound decoction of sarsaparilla, eight ounces. Mix, and take two tablespoonfuls of this mixture three times a day.

On the 29th of November she was dismissed quite well, the eruption having completely healed, and only some redness remaining in the parts where the eruption had formerly been.

Though the tonic medicines, by improving the general health, assisted materially in removing the eruption, it was chiefly by the application of the tar-ointment that this was brought about. As, however, one of the chief causes of this chronic affection was obviously a debilitated state of the constitution, the improvement of the general health not only contributed to its immediate removal, but also rendered it less likely that there would be a return of the complaint.

Tar-ointment is a remedy which I have found of great service in several cases of diseases of the skin, which have occurred in my own practice, and I have besides seen it used with success in the removal of psoriasis, lepra, and chronic eczema, by M. Emery, at the Hôpital Saint Louis. He has also, I observe, lately employed, with satisfactory results, concrete naphthaline, a preparation obtained from tar, in the treatment of psoriasis. About four years ago a case came under my care of impetigo larvalis of the scalp, in a child four years of age, where I made use of tar-ointment with very good effect, after several other means had been tried without the slightest benefit. Every part of the scalp was covered with pustules, which secreted abundance of a viscid matter, of a disagreeable smell, and the lymphatic glands at the upper part of the neck were so much swelled in consequence of the irritation from the inflamed scalp, as to cause some difficulty in breathing. After employing antiphlogistic means, purgatives, and leeches behind the ears, also emollient applications, poultices, and unguentum zinci, without the least benefit, I ventured, not without some fear of increasing the inflammation, to apply the tar-ointment, considerably diluted. No irritation, however, followed, and in the course of two days the swelling of the lymphatic glands began to subside, the secretion of matter from the pustules diminished, and, within a week from the first application of the ointment, the eruption had almost entirely disappeared. Some time ago I made use of the tar-ointment in an obstinate case of prurigo, in a stout child, about three years of age. The eruption had been present from a short time after birth; it covered almost every part of the body, and had resisted every kind of treatment that had been tried. I first pre-

scribed purgatives, with alkaline medicines, internally, and the tepid bath, with carbonate of soda dissolved in the water. As no benefit followed this treatment, the tar-ointment was rubbed on, and in a short time it removed the eruption. A relapse, however, took place soon after the remedy was laid aside, and I directed that it should be again applied, but as the child was not brought back to me I am unable to state whether the eruption was finally removed or not.

In several obstinate cases of cutaneous disease I have seen much benefit arise from an ointment with iodide of mercury, a remedy first introduced in the treatment of skin diseases by M. Bielt. About a year ago I used it in two cases which came under my care at the dispensary at nearly the same time. One was a case of psoriasis diffusa, occupying the forearms of a middle-aged woman, and not of very long standing. Repeated purgatives, and the application of an ointment with the iodide of mercury, constituted the whole of the treatment, and the eruption went entirely away. The other case was a very inveterate one of that form of acne (sycosis or mentagra) which affects the chin and parts where the beard grows. The disease had been present for more than a year, and the upper lip and chin were covered with large, red, tuberculated pustules. Plummer's pill was prescribed, five grains to be taken every other night, with a purgative draught the following morning; and, after the inflammatory state of the pustules had been reduced by poultices and the repeated application of leeches round the inflamed part, the patient made use of this ointment: *Iodide of mercury*, sixteen grains; *lard*, an ounce. Mix, for an ointment, to be used twice daily. Under this treatment he got perfectly well. A case similar to this, but not so severe, or of so long standing, came under my care in June last. The same treatment was put in force, and the eruption was removed in about a month. It returned, however, in a short time after, but was again removed by adopting the same treatment with the addition of a bitter tonic infusion, three times a-day, as there was considerable general debility.

III. — SUBACUTE GASTRITIS TREATED BY LEECHES, HYDROCYANIC ACID, APERIENTS, &c.

— Peace, a servant girl, twenty-one years of age, was admitted into the wards of the Casualty Hospital on the 6th of September, 1842. Her features were rather sharp, her complexion pale; she was moderately stout in the body, and of the lymphatic temperament. For eight months she had suffered from pain at the stomach and difficult digestion, and about a fortnight before her admission she became so much worse that she was obliged to leave her place as a servant.

She has now pain at the epigastrium, ex-

tending towards the left side, increased by pressure, and especially by taking food. The tongue is not at all furred, but rather red, and the papillæ on the anterior third are very red, elevated, and much enlarged, so that the point bears some resemblance to the appearance of a strawberry. There is a desire for cold drinks, and much thirst, especially in the evening and during the night; bowels open about twice a day; menstruation regular, and rather profuse; pulse 100; skin rather hot. Eight leeches were ordered to be applied to the epigastrium; also,

Rx *Blue-pill*, a grain;
Extract of henbane, two grains;
Compound rhubarb pill and *compound extract of colocynth*, of each a grain.

Mix, for a pill, to be taken at bedtime.

Rx *Compound infusion of senna*, an ounce;
Sulphate of magnesia, a drachm;
Compound tincture of cardamoms, a drachm. Mix, for a draught, to be taken in the morning. To have low diet.

7. The leeches have caused much relief from the pain at the stomach; there is less thirst, and the tongue does not seem quite so red; bowels have been opened four times by the pill and draught.

Rx *Hydrocyanic acid*, six minims;
Nitrate of potass, a drachm;
Mixture of acacia, camphor mixture, of each three ounces. Mix, and take two tablespoonfuls three times a day. To continue the aperient pill and draught every second day.

9. She is continuing to improve; there is scarcely any pain at the stomach, but there is still more redness of the tongue than natural, and the papillæ are raised; bowels have been moderately opened by the pill and draught; pulse 92; skin warm; she complains of some headach. To have four leeches applied to the stomach, and to continue the mixture with hydrocyanic acid.

10. Continues to get better; the tongue is clean, and there is but little redness, the papillæ are still, however, elevated; the appetite is good, and there is little thirst; no pain at the stomach; no headach; pulse 86; skin quite cool. To continue the medicines and to have middle diet.

11. Has had some return of the pain at the stomach. To have three leeches applied to the epigastrium.

16. The patient has been quite free from pain at the stomach for four days; she has no thirst, and her appetite is pretty good; she does not feel any uneasiness after a meal, and her bowels are regular; the papillæ at the point of the tongue are a little raised, but there is no redness; the skin is cool; she observed that she felt quite well, and was discharged.

Although affections of the stomach are exceedingly common at the dispensary, I

do not recollect having met with any case in which symptoms of subacute gastritis were as well marked as in this. The majority of the cases of dyspepsia which have come under my care have been of an atonic character, and have often been attended with considerable general debility. I have generally found that they have derived most benefit from aperients with tonic remedies, the bitter infusions, quinine with sulphuric acid, and chalybeates. When there has been much irritability of the stomach, gastrodynia, sickness, or pyrosis, I have frequently made use of hydrocyanic acid with carbonate of ammonia, in camphor mixture, or in infusion of orange-peel or of cascarilla. Leeches to the epigastrium I have occasionally found beneficial, but I have generally observed that tonics were of service, either along with, or soon after, the application of the leeches.

IV.—DYSPEPSIA OF THREE YEARS STANDING, ATTENDED WITH EMACIATION, SICKNESS, AND VOMITING AFTER MEALS, TREATED BY TRISNITRATE OF BISMUTH, SULPHATE OF IRON, ALOES, &c.

Mary Jones, a married woman, aged 55, of a bilious temperament, and rather delicate constitution, came under my care at the dispensary 3rd January, 1843. She had been dyspeptic and subject to occasional attacks of pyrosis and flatulence ever since the cessation of the menses, which took place about three years ago. Her complexion is pale and sallow, and she is a good deal emaciated. She complains of great general debility, and has a smarting pain at the stomach, with uneasiness on pressure at the epigastrium on the left side, the pain seeming to be situated over the cardiac orifice. Tongue pale, not furred; no thirst. The most distressing symptoms are sickness and vomiting, which come on soon after every meal; clear water at first comes up, and is afterwards followed by half-digested food; bowels costive unless medicine be taken, not relieved oftener than once or twice a week, and always with great pain; stools dark-coloured; no headach, but the eyesight is much weakened; skin rather cold; has some palpitation at the heart; pulse 84, weak.

Rx *Blue-pill*, six grains;
Comp. extract of colocynth, twelve grains;
Extract of aloes and rhubarb pill, of each six grains;
Caraway oil, two drops. Make six pills; one to be taken every other night.

Rx *Comp. infusion of senna, infusion of gentian*, of each two ounces and a half;
Comp. tincture of senna, an ounce;
Sulphate of magnesia, three drachms. Mix, and let a third part be taken the morning after the pill.

6. Her bowels have been kept open by the medicines; she has felt better, and has had less sickness and vomiting; the vomited matter was sour and bitter; tongue pale, not furred; no thirst, and scarcely any appetite; she does not feel the smarting pain so much, and has been less annoyed with flatulence.

Rx *Infusion of quassia*, five ounces;
Sesquicarbonate of soda, a drachm;
Tincture of calumba, an ounce. Mix
 and take two tablespoonfuls of this mixture three times a day.

10. Continues to get better; is, upon the whole, freer from sickness, but still vomits occasionally; there is pain at the epigastrium on pressure; the bowels have been kept regular by the pills and mixture, and the stools have become of a lighter colour.

Rx *Dilute hydrocyanic acid*, twelve drops;
Tincture of calumba, an ounce;
Infusion of quassia, five ounces. Mix.
 Two tablespoonfuls of the mixture to be taken three times a day.

17. She is rather better; the sickness comes on only once a day, and always about four o'clock in the afternoon; the bowels are rather costive. To keep the bowels open by taking, occasionally, one of the pills first prescribed, and to continue the mixture with hydrocyanic acid.

20. There is little alteration; the sickness still comes on once a day; her appetite does not improve, and she complains that she gets thinner and weaker.

Rx *Trisnitrate of bismuth*, a scruple.
 Make a powder, to be taken three times a day.

27. She is very much better, and has had no sickness for three days; her bowels are costive. To take, occasionally, two of the pills to regulate the bowels, and castor oil if necessary. To continue the powders.

February 3. She is now rarely sick, and says that the powders have done her more good than any of the other medicines; her appetite is still, however, indifferent, and her bowels continue costive.

Rx *Sulphate of iron*, a grain;
Powdered aloes, two grains;
Comp. powder of cinnamon, two grains.
 Make a pill, to be taken twice or three times a day.

From these pills she derived great benefit; her appetite became good, her appearance improved, and her bowels became regular. On the 17th she said she had not been so well for twelve months. This treatment was continued until the 21st February, when she was dismissed quite well.

In the next case, which occurred in private practice, there was observed after death a peculiar blackish appearance of the coats of the stomach, which was probably the result of chronic gastritis, which seemed to have been formerly present.

V.—DYSPEPSIA OF ABOVE TWO YEARS STANDING, TERMINATING BY GRADUAL SINKING AFTER URGENT SICKNESS AND VOMITING. BLACKISH APPEARANCE OF THE COATS OF THE STOMACH AND DILATATION OF THE HEART OBSERVED AFTER DEATH.

Mr. H., 51 years of age, consulted me on the 10th of August, 1842. He had suffered very much, during some years previous, from mental anxiety, which injured his health and brought on indigestion. To this he had been more especially subject for two years, during which period he had become several times much worse than usual, and had felt a raw and burning sensation in the throat, with a red, painful, and aphthous condition of the tongue. His complexion was of a very pale sallow colour, indicating organic disease; his lips were almost colourless, and his body rather emaciated; he was very feeble, and complained of great debility; his tongue was not furred, but pale and indented, and there was a slight redness at the point; there was very little appetite and not much thirst; on pressure at the epigastrium there was scarcely any uneasiness; the bowels were open about three times a day, but had been sometimes confined, and at other times rather too open; the pulse was 80, feeble, and he was subject to palpitation of the heart on making any exertion; the impulse of the heart was weak, and there was a *bruit de soufflet* in the first sound; there was slight oedema of the ankles. A powder was prescribed with rhubarb and hydrargyrum cum creta, and a mixture with hydrocyanic acid and nitrate of potass in infusion of cascarrilla. Sickness and vomiting were very easily excited by food, and especially by medicines, and he did not seem to derive any benefit from those prescribed. About the third day after I first saw him, diarrhoea was brought on by incautiously taking some strawberries, and it was attended with almost constant sickness and vomiting, which brought on extreme weakness. The diarrhoea was checked by a mixture with tincture of kino, confection of opium, and chalk mixture; and the sickness was relieved, but not entirely removed, by hydrocyanic acid and carbonate of ammonia in camphor mixture. As he complained of some pain on pressure at the epigastrium, towards the right side, two blisters were successively applied to the part, but without producing any effect. A strong liniment, with ammonia, was then applied, and a blister immediately after. Vesication followed this, and there was no return afterwards of the sickness. Although he took a considerable quantity of mild nourishment, and of wine and water, during four or five days after this, no amendment took place. He became gradually weaker, his pulse feebler, delirium came on at intervals, and he died on the 22nd August.

Post-mortem Examination, 23rd August.—The body was considerably emaciated; the hands and feet were slightly œdematous. On opening the stomach it was found of the natural dimensions; the mucous membrane was not thicker or softer than natural, but it had a very pale colour, and there was a few small reddish patches, the largest of which was situated just within the pylorus. The most remarkable appearance was a large blackish patch situated between the centre of the stomach and its pyloric orifice on the anterior surface, and corresponding to the part where there had been some pain on pressure during life. This dark appearance could be seen almost as distinctly upon the external as upon the internal surface. The liver was rather large, but seemed free from disease. The spleen was also large, and could be very easily broken down by the fingers. The lungs were perfectly healthy; there was a small quantity of serous effusion in the left, and a larger quantity in the right cavity of the pleura. The walls of the right auricle and ventricle were thin. The tricuspid and the semilunar valves of the pulmonary artery were healthy. The thickness of the walls of the left auricle and ventricle was diminished; the ventricle was dilated, and its muscular fibres exceedingly pale and indistinct. There was slight induration of the mitral and of the semilunar valves.

Wolverhampton, March 25, 1843.

ILLEGAL PRACTICE OF MEDICINE IN PARIS.

—Some months ago a trial took place before the Tribunal of Correctional Police in Paris, which abundantly shows the jealousy with which the authorities view persons practising medicine in the French metropolis without having previously procured the necessary certificates of competency.

The case was that of a lady in Paris who had been so severely bitten by a dog as to be upwards of a month confined to her bed, and in great suffering, in consequence of which she brought an action against the owner of the dog, and recovered 500 francs damages. The defendant, however, appealed against the verdict on the plea that the original injury had been greatly aggravated by the bad treatment of the medical man whom the lady called in, and proved by a physician's evidence that the remedies used were calculated to irritate instead of allaying the painful symptoms. By these means he succeeded in materially lowering the amount of damages claimed by the lady; and at the same time the Tribunal having decided that the medical man (who was a recognised *officier de santé* for the dep. Saône et Loire) had acted illegally in practising his profession in Paris without special licence for the same, issued an order for his prosecution.

AN EXPOSITION OF THE LAWS WHICH RELATE TO THE MEDICAL PROFESSION IN ENGLAND, SO FAR AS REGARDS THE COLLEGE OF SURGEONS.

ACCORDING to the early charters and Acts of Parliament, it would appear that there existed in the metropolis *three* classes of surgeons:—First, physician-surgeons, or those who practised medicine and surgery conjointly, and who were, for the most part, graduates of some university; second, barber-surgeons, who did business in surgery in conjunction with barberry; third, persons who practised surgery as a distinct art, and who were generally “foreigners,” or persons who had not been admitted to the freedom of the city. There is no doubt, as will appear presently, that the first formed the only respectable class, and that they only practised in the higher departments of surgery; whilst the other two confined their practice to the minor operations and to simple external applications.

The fact of the impossibility of thoroughly separating surgery from medicine is discoverable throughout the whole history of the science. In ancient times both branches were professed and practised in common; and, even in the history of our own country, as soon as literature and science began to emerge from the darkness in which they had been enveloped for several centuries after the fall of the Roman power, we find the earliest ordinances and statutes which have any allusion to our profession still notice the two branches as belonging to the same stock. In fact, it was the College of Physicians, partly by its very constitution, but more especially by its later by-laws, that caused the separation of medicine from surgery, which separation, doubtless, has acted as a great bar to the general improvement of medical science. It was the means of rendering surgery a mere handicraft; at any rate to be considered as such by the public in general, until a very late period. It was not until as late as 1745 that the surgeons of London succeeded in separating themselves from their degrading fraternity, the barbers; but since that period their advancement in the art and science of their profession has been such as to outstrip those who attend simply to the “inward man.”

By a charter of Edward IV., granted in the first year of his reign (1461), the “freemen of the Mystery of Barbers of the City of London, using the mystery or faculty of surgery,” were incorporated into one perpetual community; “and the two principals of the same commonalty, of the most expert men of the mystery of surgery, might, with the assent of twelve, or eight persons at the least, of the same community, every year