

# THE LANCET.

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## SURGICAL LECTURES

DELIVERED BY

SIR ASTLEY COOPER, BART.

[No Lecture on Monday, in consequence of its being *Lord Mayor's Day*.]

*Theatre, St. Thomas's Hospital,*

WEDNESDAY EVENING,

Nov. 11, 1823.

### LECTURE ELEVENTH.

WE have endeavoured to describe to you the first mode in which the union of wounds takes place, and the mode of filling up the cavities, namely, by the process of adhesion. We shall now proceed to consider the other mode of union between divided parts of the body, namely, that by GRANULATION; for the two modes which nature institutes for the purpose of filling up the cavities of the body for the cure of wounds are adhesion and granulation. If you

are asked for a definition of the term granulation, you will say that a granulation is a newly-formed substance, generally red in colour, and having the power of secreting pus. The mode in which a granulation is produced, is as follows:—You will find it very similar to adhesion, but differing from that process in one respect. When an abscess has been opened, or when a wound has been produced, if the abscess be not immediately closed, or if the edges of the wound have not been brought together, inflammation is excited, and this inflammation occasions an effusion of the fibrine of the blood upon the surface of the wound. This fibrine is poured out in a layer which covers the surface of the wound. The layer of fibrine soon becomes vascular, for blood-vessels, which are elongations of the vasa vasorum, are forced by the action of the heart into the layer which has been deposited, and this layer consequently becomes vascular. The

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difference between the mode of union by adhesion and by granulation, is, that in the latter the vessels shoot to the surface of the layer which has been thrown out, terminating by open mouths on the surface of the newly-formed substance, and secreting pus at the same time that a layer of lymph, or fibrine, as it is more correctly termed, is effused. The fibrine which is poured out, besides this purulent secretion from the vessels, forms a second layer, into which the vessels shoot as before. The vessels supporting the first layer are the means of supporting the second layer, where the vessels terminate as before by open mouths on the surface of the substance effused. In this manner layer after layer is formed until the cavity becomes filled.

The characters by which granulations are distinguished are these : their surfaces are uneven ; they are generally red in colour, and they secrete matter. I know not whether you have followed me or not, but this process may be easily explained. Suppose we open an abscess ; the result is that adhesive inflammation is produced in the internal surface of the cavity. A layer of adhesive matter is in this way thrown out, and if the sides of the abscess are brought together by passing a roller round it, we may often prevent the future formation of matter, as I have before had occasion to explain to you. But if the union by adhesion does not take place, then granulations are formed in the following manner : When fibrine is poured out the vessels shoot up to its surface, permeate the newly-formed substance, and terminate by open mouths on the surface of the layer. This layer becomes the means of filling up a portion of the cavity ; it is soon succeeded by another ; the vessels become elongated, effuse matter on the surface, and shoot up as before to the second layer of fibrine. In this manner one layer after another is formed until the cavity of the wound is entirely filled. The vessels shooting into granulations are very numerous ; they are principally arteries. If you inject an ulcer of the leg, the great degree of vascularity in the granulating surfaces is accounted for by the number of vessels divided into radiated branches, which we see entering the granulations, and producing the arbore-scent appearance, which is observed in them. In examining the structure of granulations, they appear to become vascular in the following manner :—An artery en-

ters at the base of the granulation, and is then divided into radiated branches; from these vessels pus is secreted, and an incrustation is formed producing a layer of adhesive matter on the surface of the granulations. This is a little difficult to conceive; it is a circumstance which, I believe, has never been observed, and which I learnt in the following manner. I took a portion of injected ulcer from the arm, and threw it into alcohol, in order to observe its vascularity. After it was thrown into the alcohol it was so opaque on the surface that no blood vessels could be seen. It is the fibrous matter therefore covering the surface of the granulations which receives the blood vessels. In this view a granulation may be considered as a gland, and the surface of an ulcer merely as a glandular surface. Now a gland is a part of the body in which a secretion from the extremities of the arteries takes place, and the blood, which is not employed in the secretion, is returned to the heart by means of the veins that accompany the arteries. So in granulations; the arteries throw a quantity of blood near the surface of the wound, and there secrete pus. There is a vein accompanying each artery, and the fluid conveyed by the vessels is partly converted into pus on the surface of the ulcer, and partly returned back to the heart.

Granulations are not good absorbent surfaces in ulcers recently formed; but if the ulcers have existed for any length of time, the absorbent vessels readily take into the system any substance which may be applied to them. In this way we frequently see persons salivated by the use of injections of the oxymuriate of mercury. It is not an uncommon practice to inject a solution of a grain or two grains of oxymuriate of mercury into sinuses, for the purpose of stimulating the vessels. If the sinus has existed for a considerable time, the oxymuriate of mercury is frequently absorbed, and the mouth becomes affected in the same manner as if the mercury had been absorbed into the system by rubbing it into the skin, or taking it into the stomach. This proves that old granulating surfaces have the power of taking in by absorption a fluid of this description. I have known what is commonly called the black wash, which is composed of the liquor calcis, and the submuriate of mercury, when applied to the surface of ulcers produce an effect upon the mouth in persons who are easily affected

by mercury. I believe that the wash of the liquor calcis and calomel often produces good effects in the cure of sores, by the mercurial action which it excites in the system, and not merely by its local effects on the sore to which it is applied. Ulcers are, however, frequently the means of producing baneful effects upon the constitution, by the readiness with which they absorb any substances which are applied to them. Thus, arsenic applied to the surfaces of sores is very frequently absorbed into the system; and on this account, arsenic is to be regarded as a very dangerous external remedy. With respect to the use of arsenic as an internal remedy, it ought never to be employed without extreme caution, and unless the patient is watched from day to day.

I remember a case in the other Hospital, of a patient, who was brought in with a fungus of the eye, and who was under the care of Mr. Lucas, a man of great skill in his profession, and the father of the present Surgeon of that name. Mr. Lucas ordered a solution of arsenic to be applied to the part. After it had been used for three days the man complained of pain in the stomach, but this was not supposed to arise from

the use of the solution. The application was continued; the pain in the stomach became excessive; convulsive tremors of the muscles succeeded; and the patient died. I was quite sure that he died from the influence of arsenic in the system; and upon examination of the body after death, I found the stomach in the highest degree inflamed, and exhibiting the peculiar appearance which is produced by arsenic, and not by poisons generally. I believe, therefore, that this person died from the application of the arsenical solution. Quacks are in the habit of destroying tumours of the breast by the use of arsenic. Women are sometimes, though very rarely, foolish (*a laugh*); and they will undergo any torture which is not inflicted by a knife, rather than submit to an operation that would not give them a tenth part of the pain which they suffer from such applications. They go to a person who tells them of the number of cures he has performed by means of a specific used for the purpose of destroying scirrhus affections; and, indeed, these Quacks very frequently destroy the scirrhus part, and the patient too. Mr. Pollard, the surgeon, told me, the other day, of a person in town, who applied

an arsenical preparation for a scirrhus affection of the breast, in consequence of which the patient died in less than a week. I had myself occasion lately to perform an operation for a scirrhus breast, to which arsenic had been applied. I asked the woman which gave her most pain, the application of the arsenical preparation, or the operation. She replied that the pain of the operation was not so great as that of the application, and that the arsenic had been applied ten or eleven times. The consequence of these applications is that they become absorbed into the system, and produce derangement of the stomach, the intestinal canal, and the nervous system, and sometimes paralysis. While I am on this subject, I will mention a case to you which occurred in this town, and which I should have scarcely believed, if it had not come within my own knowledge. A person in this metropolis happened to have *bow shins*. A part of his duties was to teach ladies to draw and paint, and in the prosecution of this branch of his profession, he found his *bow shins*, as he himself declared to me, a very great evil (*a laugh*). He felt that his merits were less fairly appreciated, and his instructions less kindly received, by reason of the convexity of his shins ; he was persuaded, in short, that his *bow shins* stood between him and his preferment. Under this impression, he went to a very noted person in this town, and showing him his bone, (*a laugh*) said to him, " Pray, Sir, do you think you can make my legs straight?" " Sir," said the Doctor, I think I can ; if you will take a lodging in my neighbourhood, I think I can scrape down your shins, and make them as straight as any man's." A lodging was taken ; the father of the patient assisted in the operation, and all three of them, the father, the son, and the doctor, took a turn in scraping down the convex shins. A great deal of rasping was required ; an incision of very considerable extent was made in the shin, the integument was turned aside, and an instrument which was at that time contained in the surgeon's case, called a *rougee*, was employed to scrape the shin bone. When the doctor was tired of rasping, the father took a spell, and the patient, in his turn, relieved his father. At last the shell of the bone became so thin, that the doctor said they must proceed no further with that leg. The other leg was then rasped in a similar manner, and

thus large wounds were produced in both of the shin bones. The surfaces granulated very kindly, and very little exfoliation of the bones took place; but unluckily the granulations *would* form bone, so that up jumped the bones of the shin again (*much laughter*). The Doctor, however, was resolved not to be defeated, and accordingly put a layer of arsenic over the whole surface. It was in consequence of the effects of this application, that I saw the patient. The arsenic was absorbed into the system, and he became paralytic in his arms and lower extremities. A great number of exfoliations took place in his legs; and he showed me a large box, in which the exfoliated portions of bone were contained. I recommended him to go into the country, and he went to Bath, where he stayed for some time, and got rid of his paralysis. This case made a good deal of noise in town; and there were some surgeons who expressed a strong wish to prosecute the doctor. I recommended them, however, not to take any steps until I had seen the patient himself; and when he next came to me, I asked him whether he thought his legs improved, and whether he would again undergo the same operation, at a similar hazard of his life, to have his legs made a little straighter. He replied that he would (*a laugh*); and under these circumstances I was of opinion, that, as the young man was content, it was a folly to think of prosecuting the doctor. The patient, in this case, appeared to be as great a fool as the doctor whom he consulted, and deserved to be punished for his folly. I have no wish to injure individuals; and I shall not, therefore, mention the name of the operator. Some time has elapsed since the case occurred, and the transaction is now almost buried in oblivion. One of the parties is since dead; not the person, however, who underwent the operation, for he still lives, and is proud of his improved legs.

Opium, when applied to the surfaces of sores, is very readily absorbed into the system. I believe that it is often a very useful application to the surfaces of sores. I mentioned, on another occasion, a case in which a tetanic affection was produced in a child, whose leg had been amputated by Mr. Lucas, the present surgeon of Guy's, and where the application of opium to the stump gave more immediate relief than I ever remember to have witnessed. It relieved the spasms, and, as I

believe, saved the child. If opium, applied to the surface of sores, be absorbed into the system, it produces excessive costiveness, extreme pain in the head, and torpor of the system, which is only to be removed by the frequent administration of active purgatives. The effects on the constitution, when absorbed from the surface of sores, are very much the same as when it is introduced into the stomach.

Granulations possess nerves as well as arteries, veins and absorbent vessels. Granulations are sometimes extremely sensitive; but this is far from being the case in all granulations. We shudder at seeing a person handle a sore roughly, supposing that it must give the patient extreme pain. Granulations which spring from parts endued with great sensibility, such as muscles, are indeed extremely sensitive; but many granulations, such, for instance, as arise from bones, have no sensibility whatever. If ulceration be produced to a considerable extent in an exposed bone of the head, a probe may be put into it, while the patient is quite insensible of your touching his head. If you do this in the granulations arising from bones, and ask the patient whether you

have touched him, he will say 'No;' but if you apply the probe to the edge, or near the edge of the wound, he will feel it. Granulations, therefore, springing from bone in an uninfamed state of the bone, are not sensitive. Granulations, however, which spring from the cancellated structure of the bones, are, sometimes, extremely sensitive. I have at present, a patient who had a compound fracture of the leg; the fracture was attended with abscess, and a small exfoliation of the bone took place. In this case, when a probe was put down into the cavity, the granulations from the cancellated structure of the bone were extremely sensitive. When the inflammation passes away, the sensibility of the part is diminished. The same thing happens with respect to granulations (springing from tendons, as the tendo achillis, for instance,) which are entirely insensible. So granulations arising from fascia and the aponeurosis of muscles are endued with little sensibility. In general, therefore, although granulations springing from parts possessed of great sensibility, are sometimes exquisitely sensitive; those arising from parts in a great degree insensible, or entirely so, as tendons, are not sensitive; a

circumstance, which you cannot at any time go round a large hospital without having an opportunity of witnessing.

Granulations are very readily united to each other. The mode in which union is effected, is, by bringing the edges of the two granulating surfaces together, so as to produce the adhesive process. The surface of the granulations will be covered by adhesive matter, and you have only to apply the two surfaces to each other to produce an union. The knowledge of this principle is very often useful in the practice of surgery. A man has a considerable portion of the scalp raised from the skull, and the pericranium throws out granulations, whilst the raised portion of scalp is also granulating. Instead of waiting for the tedious process of the union of both surfaces, by granulations filling the cavity, you have only to place one portion of the granulations upon the other, bind them well down with adhesive plaster, and they will be sure to inosculate. In this manner, a surface, which it would otherwise have taken a long time to close, will be healed in a few days. The cavity of the scrotum, after removal of the testicles, is often covered with a great number

of granulations, by bringing the surfaces of which together with adhesive plaster, a wound which would otherwise require weeks in healing will be healed in a very short time. It was upon this principle, namely, that of bringing together the granulating surfaces, that Mr. Baynton proceeded with so much success in the treatment of ulcers; so that our hospitals are now much less filled than they formerly were with those opprobria of our art.

The next subject to which I shall direct your attention is the closing of sores by CICATRIZATION. The formation of new skin with which a sore is covered over is called Cicatrization, which is produced in the following manner. The vessels at the edge of the skin form granulations, and these granulations unite with the granulations of the surface of the sore. The granulations produced from the edge proceed towards the centre, and those on the edge inosculate with those on the surface of the sore, and are united by the adhesive process. The vessels become elongated from the edge of the sore, and proceed in radii from the circumference to the centre. Day after day an addition is thus made to the cicatrix, until at last the vessels



reach the centre from every part of the circumference; when the process of cicatrization is completed. It may be said by some persons that this is not the only mode which nature takes for the formation of new skin, for that it often happens that the process of cicatrization commences from the centre of the sore. If these persons mean to say that insulated portions of skin are sometimes seen in the centre of sores having no communication with its edges, there can be no doubt of this fact. But how does this happen? It is not that the centre of the sore has the power of forming new skin, but the new skin in the centre is produced in consequence of the whole of the skin not having been ulcerated away, and granulations arising from the part of the skin which was left. This only happens in irregularly formed sores, where the healing process has gone on to the centre and then the sore has broken out in the circumference. If granulations arise from any portion of skin in the centre, these granulations produce new skin, and an insulated portion of skin is produced forming a part of the cicatrix, which is not afterwards ulcerated away.

When a cicatrix is formed, in the first instance it is extremely

vascular; but when it has existed for any length of time, the blood vessels become contracted, and it is whiter than the original skin. Hence the white appearance of the cicatrices after small-pox; for, although they are more vascular than the original skin, when first formed, in a little time they lose this vascularity, and are endued with less living power than the surrounding parts.

The readiness with which the surface of a sore is covered in by cicatrization, depends very much on its form. A sore of a circular form, requires a very considerable time before it will heal; whereas a sore of much greater length, but of less diameter, will heal more quickly. You may always pronounce, therefore, that a round sore will be longer in healing than a longitudinal one, *cæteris paribus*, as for example, in the same patient, where the constitution is the same. The reason is, that the vessels have to elongate much less from the edge to the centre in a longitudinal, than in a circular sore. The form of the sore, therefore, has an influence on the readiness with which cicatrization takes place. Sores are very often difficult to heal from their situation. Thus, if a sore be situated at the back of

the leg, there will be often great difficulty in healing it. Indeed such a sore can only be healed by raising the heel, and so loosening the skin, in order to give it a power of being drawn in to form a new cicatrix. By this means the vessels are more readily elongated, and continually draw the skin nearer the centre of the sore. It appears, then, that the form and situation of the sore, have a very considerable influence on the healing power.

Here Sir Astley exhibited to the class, a model in plaster, which had been placed on the table previously to the commencement of the Lecture, representing the case of a patient who had been severely burnt, and in which extensive deformity had supervened on the cicatrization of the wounds. The chin had become united to the breast, the arms to the sides, and the upper arm to the fore-arm.

Now, said Sir Astley, in looking at a case like this, some of you might be induced to exclaim, How abominably inattentive must the medical man have been who had the care of this patient, for all these consequences might have been prevented. If you said this, your censure would be culpable; you have no right to say so; for it is a case which might happen

to any of you. Deformities of this kind generally arise after the process of healing is completed; they are the effects of the contraction of the cicatrices, and not of the contraction of the skin at the time of the accident. Here the skin is contracted so as to pull down the chin, and evert the lip, so that the saliva runs over the surface of the breast, and is constantly excoriating it. All these results proceed, not from the production of the new skin, but from the contraction of the cicatrices after the production. I say this from having seen, among many other cases of the kind, the case of a child, who was a short time since admitted into Guy's. In consequence of the contraction of the cicatrices the upper arm adhered to the fore-arm, and the thumb was drawn back so as to be immovably joined to the upper arm. (A drawing of this case by Mr. Girome was exhibited to the class.)

I will mention another case of this kind. Some time ago, a young gentleman, who was playing with fire-works, happened to be slightly burnt in the forehead. His father, who was a very intelligent man, showed considerable anxiety, and expressed his apprehensions at the time that some

horrible deformity would arise from this accident; for he had himself witnessed instances in which the eye-brows had been drawn up, so that the patient had no power of closing his eyes from a similar cause. Granulations, however, very soon arose on the surface of the forehead; the sore healed kindly, and the father was delighted to see what he supposed to be the favourable termination of the case. Some time after, however, I saw this gentleman, and upon inquiring after the child he told me that he was very well, but that a horrible deformity had ensued from the accident; the eye-brows were drawn up, the eye-lids elevated, and the forehead was quite wrinkled. This took place a few weeks after the healing of the sore, in consequence of the contraction of the cicatrix; and unfortunately this was a deformity incapable of being remedied by any means which art could suggest. I have never seen a case like that represented in the plaster bust on the table, where the chin is united to the breast, which was capable of being cured. You may, by putting a knife behind the bridle and dividing it, separate the chin to a considerable extent from the breast; but whatever force you may use for

keeping the head back, the contraction will ultimately be the same. There are some parts of the body, however, in which deformities of this kind may be removed; as in cases in which the thigh is united to the abdomen; where the bridle may be divided, and the joint afterwards straightened; but where the bridle is broad, as under the chin, no operation will avail.

In the formation of cicatrices the original parts may all be reproduced, except two. In the first place, new skin, though differing somewhat in texture and smoothness, is still a substance similar to the original skin. Skin may be defined to be a substance producing rete mucosum and cuticle. Are both produced by the newly formed skin? Undoubtedly. The cuticle is produced very quickly; and with respect to the rete mucosum or covering matter of the skin, a little time elapses before it is produced; but it is produced, as the following fact will show:—The new skin of a Negro does not become white as in Europeans, but is at first red, and after a little time turns blacker than the original skin. I was struck with this in the other Hospital, in the case of a Negro, who had been a sailor in a privateer, and had received several

wounds in many parts of his body. I observed that the cicatrices were every where blacker than the original skin. We may conclude therefore, that the skin which is reproduced is true skin; that the cuticle is very quickly reproduced, and the rete mucosum after a short period. The cellular membrane is also reproduced, though it has at first the appearance of a solid fibrous mass which requires some time before it is drawn into the reticular texture, similar to the original membrane. Tendons are very easily reproduced. If the tendo achillis be divided in an animal, it will be reproduced in about a fortnight or three weeks; but it will be somewhat larger than the original tendon. The same thing takes place in the human subject; as you may see from a specimen in our Museum of a tendo achillis which had been reproduced, and which is larger than the original tendon. Every body knows that bones are reproduced; not only the shell of the bone, but the cancellated structure; not only the salt or phosphate of lime, but the cartilaginous substance in which it is deposited. Nerves are also reproduced, but there is some little doubt whether they assist at all in the restoration of sensation by anastomosis. Dr. Haighton made

an ingenious experiment with respect to the union of nerves. He divided the par vagum, or eighth pair of nerves, in a dog, on one side, and then let the animal live for some time; he then divided the par vagum on the opposite side, and after suffering both nerves to unite, he then divided them at the same moment, when the animal died.

In *tic douloureux*, after the operation of dividing the nerve, even when the sensibility of the part to which the nerve was distributed is not entirely restored, and although numbness still remains in the cheek, the painful sensation will still return. An old gentleman, from Bury, in Suffolk, had undergone the operation of the division of the nerve for *tic douloureux* several times. When he came last to me there was still a little numbness remaining in the lip, yet the pain of the *tic douloureux* was as great as ever. I divided the nerve, but the operation did not afford him the same relief as before. He came again some months after, and wished the nerve to be again divided. The pain in the part had returned to its former degree, although the numbness of the lip was much greater than before.

The parts of the body which are not reproduced, are first, muscles. In the case of a man who had a scar in the fore-arm, which appeared to have long existed, I found, that instead of muscular fibre under it, a tendinous structure had formed. A muscle, when divided, unites by tendon, and not by muscle. Secondly, the cartilages of the ribs unite by bone, and not by cartilage. (Sir Astley exhibited to the class a specimen of cartilage of the human rib, which had been divided, and in which ossific union had taken place.) This, however, will depend in some measure on the age of the person; for in very young subjects cartilaginous union will be produced, but in subjects more advanced in years, the cartilages of the ribs invariably unite by bone.

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*To the Editor of the Lancet.*

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SIR,—Having been a constant reader of your work since its commencement, and feeling convinced of the good effects which such a publication must produce, I have ventured to address you upon a subject deeply interesting to those by whom, from its nature, I presume it is principally supported, viz. the Faculty. In Volume I. No. 5, I observe a letter signed "Juve-

nis." The nuisance of which he complains, no one certainly can deny or justify; but the remedy he prescribes, it is plain, would be quite ineffectual. What, for instance, is to prevent the person who writes over his door "Surgeon, Apothecary, or Medical Practitioner," from adding the word "Authorised?" In fact, I much doubt if many who could rightly make that addition, are justly entitled to the distinction.

Of Surgery I know nothing, and consequently am unable to form an opinion of any man's pretensions. With the other branches of the profession, however, from the nature of my occupation, I am in constant intercourse; and certainly do, in the course of my experience, meet with some splendid instances of consummate ignorance. The circumstance to which I wish particularly to call your attention, is the frequent occurrence of accidents arising from the improper application or administration of medicines. We all know that an error will sometimes occur, from the common frailty of humanity; it is unavoidable; and in common charity must be forgiven. I am convinced, however, that errors do very frequently occur from a cause, the forgiveness of which would require the exercise of an uncommon charity—I mean, from the ignorance of the dispenser. No one will wonder at the frequency of these accidents, who is capable of examining the chemical and pharmacuetical knowledge of those engaged in this branch of the profession. The increase within the last few years is enormous, the liability to accidents is of course in the same ratio; and yet I will

venture to assert, that there are very few who have an adequate knowledge of chemistry (which is essentially necessary), and very many whose pretensions merely consist in a knowledge of the labels on their bottles. The only remedy that I could suggest for this evil would now be attended with too cruel consequences for present application; and I am only astonished that it has been suffered to continue so long. Another cause which I shall venture to point out, to which these accidents are sometimes attributable, will admit of a very easy remedy; and a slight hint to certain superiors of the profession may probably have the effect, in some measure, of checking its increasing prevalence. It arises from what I shall take leave to call "professional puppyism," viz. making an ostentatious display of their own acquirements by the use of scientific terms, to the great annoyance and discomfiture of the apothecary and retail druggist, and the imminent risk of their patient's life. I can assure them, that, to the generality of this class of persons, the present nomenclature is almost unknown; and that such names as protoxides, duetoxides and peroxides, perchlorides and protochlorides, persulphates, subpersulphates, and protosulphates, imposing as they may appear, are as unintelligible as though their prescriptions were written in Greek or Hebrew. It will be useless to argue that persons in such situations ought to have knowledge and abilities competent to the duties of their profession; it is well known that they have not: the consequence is obvious; and any man would rather

hazard the detection of an error, than acknowledge his own ignorance. With this knowledge, then, the responsibility, if any be incurred, rests with the physician. It is too serious a matter that a person's health, or perhaps life, should be endangered or sacrificed, to gratify vanity and affectation.

Should you think this worthy of insertion, I shall take the liberty of pointing out some other maladies, in which the application of *The Lancet* might be very useful. With my earnest wishes for the success of your undertaking,

I am,  
Your obedient Servant,  
ANTI-STÄHL.

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## MEDICAL AND SURGICAL INTELLIGENCE.

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### METEOROLOGICAL SOCIETY.

On the 15th ult. a meeting was held at the London Tavern Coffee-house, Ludgate-hill, to take into consideration the propriety of forming a Meteorological Society. Among the gentlemen present were Drs. Clutterbuck, Shearman, Armstrong, Copland, &c. &c. The chair was taken by Dr. Birkbeck, several resolutions were agreed to, and the Meeting adjourned to the 12th of November, to meet at the same place and hour.

On Wednesday last, Nov. 12, the second Meeting of this Society was held, which was attended by several individuals of eminence in the profession, and others distinguished for their attainments in