acknowledged in morals, in polemical divinity, and in general politics. The moralist and the divine well know the destructive effects of familiarizing the mind with the contemplation of vice in any of its forms. The cry of the politician, who wishes to impress his views on the many is—Agitate, agitate. But there is no reason why the use of these powerful weapons should be confined to objects of evil or dubious tendency. The repeated presentation of images and thoughts, and the reiteration of arguments which are made subservient, in the instances referred to, to the debasement of the moral feelings, or to promoting the views of the political demagogue, may be directed into the more legitimate channel of contributing to the advancement of genuine knowledge, and the development of just and equitable principles. The holding of such meetings as the one to which we have referred, must materially contribute to this desirable object, and the discussion of the grievances and wants of the profession, in such a manner, must ultimately tend to produce that conviction which is irresistible, and which will be followed by the devising of sound and efficient remedial measures.

Among the many important subjects which occupied the meeting, to some of which we may hereafter call attention, was the imperfect operation of the Anatomy Act. This is a subject so intimately connected with the prosperity, and indeed with the existence of the schools of medicine, that it demands more than a passing notice. The petition for which we were unable to find room last week will be found in another part of our columns, and contains much that is apposite to the purpose. To render it effective, a similar one should be presented from each of the schools of medicine now existing, the attention of the home secretary and of some influential members of parliament being also directed to the subject previous to the presentation of the petitions in the House.

REVIEW.

A Treatise on the Nature, Causes, and Treatment of Erysipelas. By THOMAS NUNNELEY, Lecturer on Anatomy, Physiology, and Pathology, in the Leeds School of Medicine, &c. &c. 8vo. pp. 387. London, Churchill; Leeds, Knight.

WE agree with the author of this treatise, that it is a subject of surprise that, in this prolific book-making age, no separate work on erysipelas has hitherto appeared. He has, unquestionably, in the volume before us, supplied a desideratum.

The work may be fairly said to contain an ample and excellent digest of all the information we at present possess regarding erysipelas. In his introduction the author gives the classification and arrangements of erysipelas, by different nosologists and medical writers, and the divisions of the disease, as made by surgeons. In his chapter on the nature of erysipelas, he points out the discrepancies in the opinions of various authors on the subject, and proceeds to show that erysipelas is not a true exanthem, nor a specific disease. He then enumerates the diseases which are of an erysipeloid character, and these he considers to be, 1st, Erythema; 2, Diffuse inflammation of the cellular tissue; 3, Puerperal fever; 4, Diffuse inflammation of the peritonæum and pleura; 5, Diffuse inflammation of the mucous membranes; 6, Diffuse inflammation of the arachnoid membrane; 7, Diffuse inflammation of the veins and lymphatics. These diseases he considers to be *essentially* of the same nature, and should be classed under one head, though of course the phenomena exhibited may and will be modified, more or less, by the structure and functions of the parts locally involved, and the extent to which they are affected, even though the nature of the affection be the same, and the constitution at the commencement be identical. The prevailing character of the disease might, however, be generally said to be asthenic. He devotes a large space in his work to an elaborate description of the various forms of the affection as enumerated above. The next chapter is on the division of erysipelas into species and varieties,—on erysipelas in infants,—on the diagnosis, prognosis, and post-mortem appearances of the disease. The general and local treatment of the affection is then fully described, and the work concludes with a chapter on the treatment of the different varieties of erysipelas.

Altogether, we consider that Mr. Nunneley has done good service to the profession by the production of this work.

NEWCASTLE-ON-TYNE INFIRMARY.

PRACTICE OF SIR JOHN FIFE.

(Report by Mr. JOHN MITCHELL.)

CALCULUS VESICÆ.

W. BROWN, æt. 10, was admitted September 23, 1841, into the Newcastle-upon-Tyne Infirmary, under the care of Sir John Fife. The following were the symptoms presented by the patient:—Pain at end of the penis, and itching when making water, aggravated after the discharge of urine; pain above the pubes; he passes blood occasionally; no protrusion of rectum; occasionally

sudden stoppage of urine. The symptoms just enumerated came on after scarlatina, which he had five years ago; he has been under medical treatment more or less for two years. A calculus was felt by the sound; he was ordered to have Dover's powder, 8 grains, at night, with castor oil in the morning; a tepid bath.

26. The patient has been quite easy since admission; general health good, spirits lively.

28. The bowels were opened in the usual way with a purgative enema, which operated freely.

The lateral operation was performed this morning, according to the method of Liston. The calculus was soon grasped, but proved so large, that Sir J. Fife, rather than use force in extracting it, passed a bistoury through the prostate, by which means it was readily extracted. The whole operation was completed within three minutes. Before the patient was sent to bed, an elastic gum tube was passed through the wound and left in the bladder, the outer end being secured by tapes passed round the loins and thighs. A little dry lint was introduced by the side of the tube, and over the wound.

The calculus weighed seven drachms; was of a brownish white colour, rough surface; of an oblong shape; longitudinal circumference, measuring five inches, transverse ditto, three inches and three-quarters.

29. Has slept pretty well during the night; urine discharged freely through the tube; a few drops came away by the urethra; pulse 136; tongue white; some thirst; the bowels have not been opened since the enema was given; no pain or tension of abdomen; to have a teaspoonful of castor-oil; in the evening the castor-oil was repeated.

30. Has had a restless night, being disturbed by the action of the purgative; skin moist; pulse 120, softer; urine comes chiefly by the urethra.

Oct. 1. Feels better this morning; appetite improved; to have an egg for dinner; feels a little inconvenience from tube, which was ordered to be taken out; external wound to be dressed with cerat. cetacei.

2. Has passed a good night; urine comes chiefly through the wound; to have a mutton chop.

6. Doing remarkably well since the 2nd; appetite good; sits up during a part of the day; wound looking healthy.

10. Urine slightly alkaline; to have tinct. ferri muriatis, gtt. x., twice a day. Convalescent.

25. Well enough to leave the hospital.

VARUS.

George Lander, æt. 5, admitted September 23, 1841, under the care of Sir J. Fife, with distortion of the right foot. The boy had always walked on the external malleolus, which was covered by a pad of condensed stricture, like the sole of the foot.

The tendo Achillis was carefully divided, but much distortion remained in consequence of the tension of the extensor pollicis longus, which was also divided: a more natural position of the foot was now obtained, and the limb was lightly bandaged on a common fibula splint.

On the 30th, Dr. Little's apparatus was applied, but it rolled inwards on the front of the leg, and after much perseverance was abandoned.

On the 8th of October, Sir J. Fife applied a

splint like that of Desault, (which was made for the case,) having a flat hinge at the knee; but by this time the contraction had so much returned, that Sir J. Fife divided (subcutaneously) the fascia over the tendo Achillis.

On the 25th, the new splint retained the limb in a position nearly natural, and likely to be useful.

MEDICO-CHIRURGICAL TRANSACTIONS.

SECOND SERIES. VOL. VI.

WE resume our analysis of this volume of the Transactions of the Medico-Chirurgical Society.

Mr. Ure on gouty concretions, &c.

This is the original paper, an abstract of which we published in a former number.

Through the facility of forwarding the *PROVINCIAL JOURNAL* by post to France, the paper of Mr. Ure was brought without delay before our professional brethren on the continent, where it attracted at once a degree of attention commensurate with the importance of the discovery. The substance of Mr. Ure's paper having been subsequently published in another form, it is unnecessary for us to give a further notice of it here.

Dr. Silvester's case of phlebitis.

We extract this highly interesting case without abridgment.

"Mr. P., æt. 59, observed on Friday evening, March 27th, a pimple on his upper lip, which he supposed to have arisen from a scratch in shaving. His friends had noticed him carrying his pen, whilst engaged in accounts, traversely between the tips. He had been using a steel pen, and a new metallic ink, and it appeared to them that this fluid had accidentally come in contact with the wound, and imparted to it the peculiar deep-red irritable aspect which was very observable. On the following Tuesday, the patient retired to bed early, complaining of general uneasiness, but neither fever nor headache were present, and he slept well. I saw him, for the first time, the next day, (Wednesday,) his pulse was 120, small and weak, the skin cool, and he did not complain of thirst. The countenance was inexpressibly anxious, not unlike that of a person who has taken poison, or one who has been stabbed in the abdomen; the lip was greatly swollen, and he suffered more from a feeling of distension than from pain. So much difficulty was experienced in the attempt to open the mouth, that it became next to impossible to ascertain the state of the tongue; another hindrance arose from the tumified overhanging lip, beyond which the tongue could not have been projected had no other impediment existed. The tumefaction extended a little way upwards on each side of the *alæ nasi*, but not at all downwards towards the lower lip; it was of a dark red, almost livid, hue, and very firm to the touch. There were no vesicles nor bullæ, nor oedematous appearances on pressure; the pain was of a distending, and not of a burning kind. The affection was evidently not of a purely erysipelatous nature, yet, in the depressed state of the vital powers, it bore so near a resemblance to the asthenic form of