tions from the lungs and skin. The author adopts Frerichs' division into the acute and chronic forms.

Uræmic amblyopia is characterized by its variability. Sometimes complete blindness occurs suddenly during a comatose or convulsive attack, and again disappears after its cessation. Uræmic amaurosis causes no specially visible changes in the eye. As to the state of the pupil, opinions are divided. Some have found it dilated, others normal (Frerichs), others, again, contracted. Probably the first case is the most usual. The pupil is sluggish to the influence of light.

The author passes in review affections of the organ of hearing, vomitings, profuse diarrhœas, &c., and considers "two diseases, the uræmic nature of which has been, on account of the unusual circumstances under which the intoxication occurs, mistaken and strenuously denied, but which I believe, although I cannot fully prove it, I can show to be extremely probable—I allude to cholera-typhoid and eclampsia puerperalis." Of the former of these affections, the symptom which gives the key to its nature is the condition of the urinary secretion. This secretion either continues to be suppressed, or on the third or fourth day commences to pass off in very inconsiderable quantity, and is found to contain fibrinous casts of the tubuli uriniferi and albumen, while urea is present in much less than the normal proportion.* If the quantity of the urine increases, the amount of urea likewise rises to two or three times the normal proportion, while the albumen and tubular casts disappear. At the same time the symptoms diminish, and the disease ends favourably. If, on the contrary, the suppression continues, the disease becomes gradually aggravated, deep coma and death supervene.

The author devotes a few pages to the further consideration of "cholera-typhus," then passes to that of eclampsia parturientium; after which he discusses the remote causes of uræmia, its diagnosis, prognosis, and treatment. The foregoing abstract of a portion of Hr. Troilius's work will suffice to show the comprehensive nature of its contents; the writer is evidently well acquainted with the literature of his subject, and in a short space has given a clear and interesting account of the present state of our knowledge with respect to uræmia.

ART. XIII.—*The Manchester Flora: a Descriptive List of the Plants Growing Wild within Eighteen Miles of Manchester, with Notices of the Plants commonly Cultivated in Gardens, preceded by an Introduction to Botany.* By LEO HARTLY GRINDON, Lecturer on Botany at the Royal School of Medicine, Manchester. With numerous Woodcut Illustrations.—London and Manchester, 1859. pp. 575.

THIS book is arranged in such a way as to make the information it affords readily available—no small recommendation in a Flora intended for the use of amateur botanists. By its aid the Mancastrian

* Buhl: Zeitschrift für rationelle Medicin, Band vi.

man, youth, or maiden may trace the history, name, and habitat of all the plants growing within a certain radius of their town, and we doubt not that it will in that locality tend to promote a love of the study of God's manifestations in one of the most charming spheres of creation. The book begins with a general introduction to the science of botany, followed by an explanation of the particular design of the work, and instructions how to use it. We next meet with an artificial key to the families of plants, by which the student may be enabled to determine the position of a given specimen; after this comes a key to the trees, arborescent and climbing shrubs of not less than nine feet high. Then at the eighty-first page commences the Flora itself; Exogens taking precedence with the most beautiful representative of the water-lily family, the *Victoria Regia*. The whole range of botanical science passes successively in review, ending with the family of *Algæ*. The illustrations are numerous and perfectly intelligible, and a glossary and two ample indices still further enhance the practical character of a book which we trust the booksellers of Manchester may be very frequently called upon to supply to their customers.

ART. XIV.—*On the Radical Cure of Varicocèle by Subcutaneous Incision.* Read before the Medical Society of London. By HENRY LEE, Surgeon to King's College Hospital, Senior Surgeon to the Lock Hospital and Asylum, &c.—*London*, 1860. pp. 24.

WE can recommend this little work to students and practitioners who may not be familiar with Mr. Lee's method of operating on varicose veins, as containing a clear and readable description of an operation which they may be frequently induced to practise. The present paper refers more particularly to varicocèle; but the method of operating on veins in any other region is incidentally described. Varicose veins, both in the scrotum and other situations, are often left alone, or treated merely by palliative measures, from an idea of the danger of meddling with them—an idea founded on the cases mentioned by Sir B. Brodie in his 'Lectures on Pathology and Surgery.' In those cases, however, the treatment adopted necessarily involved the risk of suppuration inside the vein. When the vein was tied on Sir Everard Home's plan, the ligature was left to cut its way out; when divided subcutaneously, as recommended by Sir B. Brodie, its ends were left gaping in the cellular tissue, and exposed of course to the risks induced by suppuration of the wound. In either method if the wound, instead of uniting by the first intention, happened to generate pus, it was a mere chance whether that pus was introduced into the cavity of the vein or not; and no question now exists of the dangerous effects of the formation of pus in contact with the lining membrane of these vessels. Now, Mr. Lee's plan combines the advantages of both methods, and avoids their dangers completely. The veins are tied in two places, and their contents thus made to coagulate; but when this is done, the ligatures are removed, so that the vein is not divided by them. It is cut across between them; but here the pre-