

replies have been received, the members of the Association residing in these localities respectively, will lose no time in forwarding their reports.

## Reviews.

*Cases of Vascular Tumour of the Urethra, with remarks.* By H. BURFORD NORMAN, Fellow of the Royal College of Surgeons, Surgeon to the St. Marylebone General Dispensary, and the Western Ophthalmic Institution. Pamphlet. pp. 15.

THE merit of this essay consists in the concise form in which Mr. Norman has thrown together a number of well recorded facts in elucidation of a form of disease, the existence and importance of which has hitherto been scarcely apprehended by the bulk of the profession. A great characteristic of modern practice is the tendency generally manifested to obtain physical evidence, whether acoustic, visual, or tactile, of the nature and cause of the morbid states of parts and organs; not, indeed, that there should be allowed to grow up in the mind a feeling of disparagement as to the rational signs of disease, but physicians and surgeons have both come to the common-sense conclusion that the best evidence of an altered physical condition is the evidence of the senses, and have, by common consent, determined to seek it in every instance by every means they can devise. It is the neglect of this kind of inquiry which, as it has closed the eyes of medical men to the existence of other forms of disease, also has, we doubt not, often led to misapprehension of the cause of the distressing symptoms which invariably accompany the "vascular tumour in the female urethra." The author has recorded ten cases of this affection, five of which he saw himself, the remaining five being selected from the published works of his predecessors. From a consideration of these cases it appears—1st, that no part of the female urethra is exempt from attack; 2ndly, that it may vary in size from a simple large granulation to the bulk of a turkey's egg, although a small size is far more common than a large one; and that, whether sessile or pediculated, they are sensitive in the highest degree; 3rdly, that in structure they consist of hypertrophied papillæ, invested with a thick layer of cuticle, and are

abundantly supplied with vessels and nerves; 4thly, that they are not cancerous; 5thly, that they tend to reproduction on removal; 6thly, that they occur in both married and single, and at all ages; 7thly, that sexual abuses and syphilis cannot be shown to originate them; 8thly, that urethral pain, augmented by micturition, coition, walking, &c., suppression of urine from dread, or, on the other hand, frequent micturition from vesical irritation, more or less vaginal discharge, and, occasionally, lumbar, pelvic, and femoral pain, with a discharge of blood from the canal, are its ordinary symptoms, rendering the physical examination of the passage to the bladder the more important as the symptoms might lead to a suspicion of a calculus in that receptacle; 9thly, that, somehow, this state has been mistaken for prolapsus uteri, but that any error of diagnosis can scarcely occur when a visual or tactile examination is instituted; as regards the last, Mr. Norman points to the fact, which we imagine the profession to be scarcely aware of, that the finger may readily be introduced along the meatus urinarius, so as to allow of its entire length being investigated, and any morbid growths at the neck of the bladder being detected; 10thly, the treatment recommended is removal by ligature rather than by excision, touching the spot, after separation of the growth, with a powerful cautery, as the potassa fusa; when small and near the orifice, they may be removed by touching with the last named caustic, nitric acid, or the pernitrate of mercury, and when they affect the interior of the canal generally, bougies are highly serviceable applications.

*On Healthy and Diseased Structure, and the true principles of Treatment for the cure of Disease, especially Consumption and Scrofula; founded on Microscopical Analysis.* By WILLIAM ADDISON, M.D., F.R.S. London: Churchill, 1849. 8vo, pp. 320. Plates.

ACCIDENTAL causes alone have hitherto prevented our noticing the above production of the untiring energy and talents of our esteemed associate Dr. Addison. In the present age of microscopical investigation, it is not to be wondered at that so fatal a disease as consumption should attract the attention of those who devote themselves to the use of the lens. But we cannot but rejoice that the task has been undertaken by one in every