partment of the University of Buffalo. Pp. 19. 1855. From the Author.

In this pamphlet, Dr. Hamilton endeavors to establish his right to the priority of discovery of the operation of anaplasty, of which Dr. Watson would wish to deprive him. We have not seen "the reclamation" of the latter, and as we always desire to hear both sides of a question, before pronouncing judgement upon it; we can as yet have no opinion on the matter. The real merit, however—be it due to whom it may—is of a very slender kind—anaplasty being merely an application of the taliacotian operation. In Hudibras we read that lost noses may be restored from the "postique parts" of burly porters, and in Hamilton we find that an old ulcer may take to itself the skin of a healthy leg.

CLINICAL LECTURE.

On Gonorrhœal and Syphilitic Rheumatism. By George Budd, M.D., F.R.S., Physician to King's College Hospital.—One of Dr. Budd's latest clinical lectures entered at some length into the subject of "Syphilitic Rheumatism and Gonorrheal Rheumatism," two diseases often met in practice, and not unfrequently confounded.

"Syphilitic rheumatism is a very frequent disease," said Dr. Budd, "and not only frequent, but lingering, slow, and tedious, with pains at night not to be mistaken; sleeplessness and general derangement of the system. Two, or even three or more years may elapse, as you are aware, from the first primary sore or syphilitic ulcer, till the invasion of this disease; we generally knew it as syphilitic periostitis; in the generality of cases no doubt it arises in this form, and is attended with syphilitic eruptions and other symptoms, secondary or tertiary—I do not intend, of course, to speak of syphilis now, but of this syphilitic rheumatism, as we meet it in so many shapes upstairs in the hospital. You will generally know it by this, that the pains are worse at night; so much so, indeed, as to prevent sleep for weeks and months together; the bones are affected, not the joints; and those bones, it is curious which are most exposed—the lower end of the femur, the crests of the ilium, the ulna, the collar bone, the shin bone—you are no doubt familiar with these facts. But how does this pain come on? Now it is, most commonly, not like rheumatism, it is rather inflammation of the periosteum of the bone with effusion under this membrane; sometimes it is rather extensive and "pits" on pressure. A layer of lymph, probably, is deposited between the periosteum and bone; if it be treated speedily, all this matter may become absorbed; if allowed to go on, as is frequently the case, the lymph becomes ossified, and we have what you see so frequently in our out-door