mode of preparation, and rationale of changes during formation of medicinal substances. Of this, the account of Prussic acid is a striking illustration. The toxic relations and incompatibles are also imperfectly dealt with. The discussion of drugs derived from the vegetable kingdom is much more complete than of those peculiarly inorganic.

XXVII.—*A Treatise on the Venereal Disease.* By John Hunter, F.R.S., with copious additions by Dr. Philip Ricord, Surgeon of the Hôpital du Midi, Paris, etc. Edited, with notes, by Freeman J. Bumstead, M.D., Physician to the North Western Dispensary, New York. Pp. 612. Philadelphia: Blanchard and Lea. Montreal: B. Dawson.

Hunter's work on the venereal disease, with notes by Sir Everard Home and Mr. Babington, and additions by M. Ricord, requires no lengthened notice at our hands to commend it to the favorable notice of our readers. Hunter has long been looked upon as a great authority in, what the modern school somewhat magniloquently term, the science of "syphilography." And as for M. Ricord, pox never had a more enthusiastic investigator since it first appeared as a punishment on mankind for free indulgence in erotic pleasures.

Of all the consequences resulting from an attack of gonorrhea, stricture of the urethra is certainly the most unpleasant to the patient. It is not only frequently difficult to cure, but is often accompanied by various diseases of the organs and parts in the vicinity of the pelvis, the presence of which serves to render his life thoroughly miserable. Some surgeons, indeed, assert that stricture cannot be permanently cured; that, although the canal be restored to its normal calibre by the treatment pursued, the contraction is certain to return at some future period.—Whether all permanent strictures are to be considered as absolutely intractable, is, in our opinion, a question that cannot be answered in the affirmative. Many, doubtless, are very obstinate, and resist all the means and appliances at the command of the surgeon; but there are also many which yield to continued and persevering attempts to affect their cure, Dilatation, by means of bougies, &c., as our readers are aware, has long been the favorite practice in stricture of the urethra. To meet certain cases of an obstinate nature, the following modes of treatment have been adopted and found to be more or less successful:—Cauterization of the stricture, effected by means of variously contrived urte-caustiques: deep and superficial internal incisions by means of concealed lancets, &c. &c.; rupture by mechanical dilatation. Lately,