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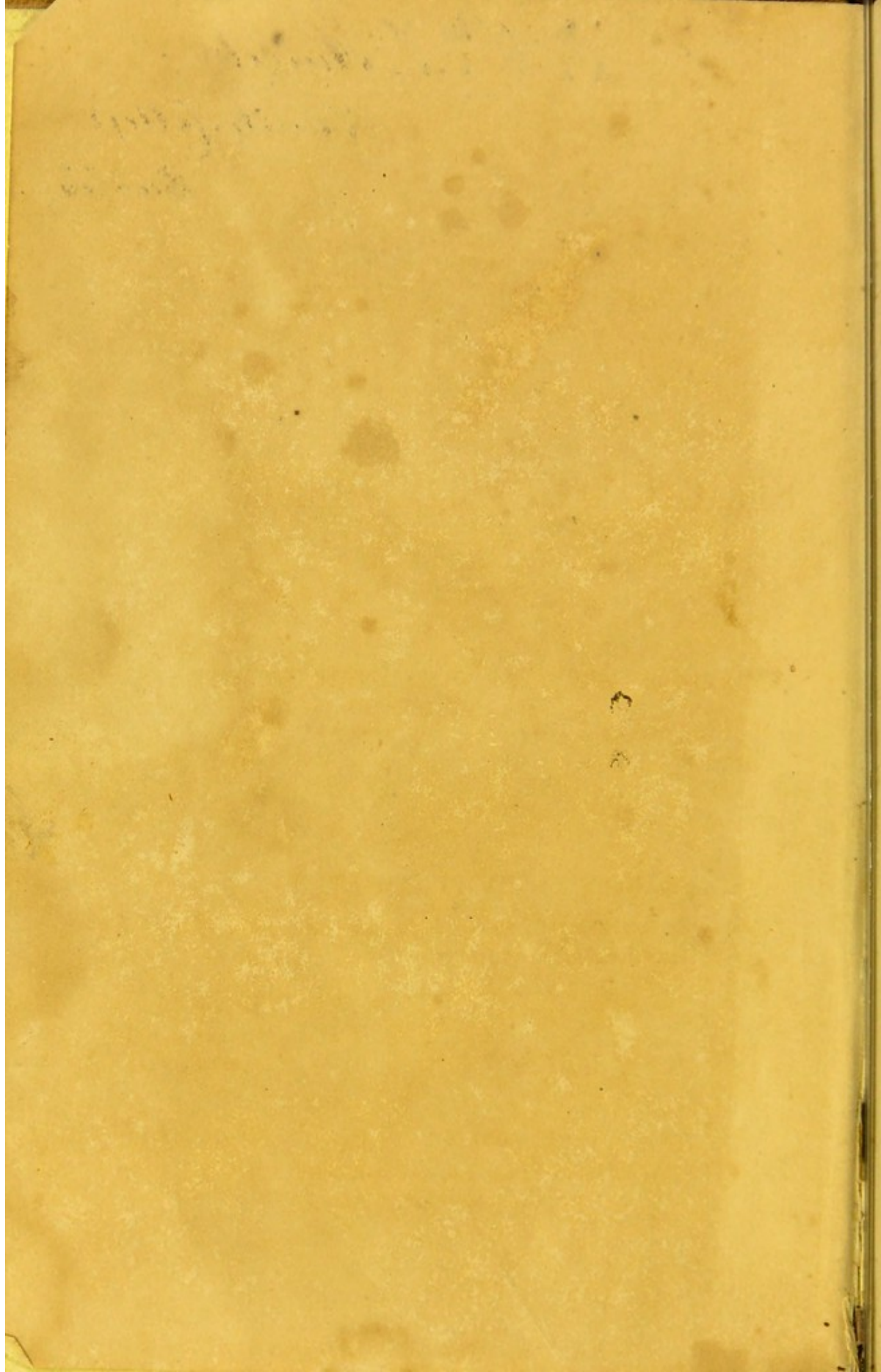


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ON
THE TREATMENT
OF
STRICTURES OF THE URETHRA:

WITH
THE REASONS WHY THEY SO OFTEN APPEAR INCURABLE.

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BY  
FRANCIS BURDETT COURTENAY,  
Member of the Royal College of Surgeons of England, and formerly Surgeon to the  
Metropolitan Infirmary for the Treatment of Strictures of the Urethra.

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PREFACE.

It is now upwards of twenty-five years since I first directed my especial attention to the treatment of strictures of the urethra, and twenty years since the publication of my first work on this subject. But whilst enlarged and prolonged experience has modified, and in some respects altered the opinions I then entertained, there is one point on which the views expressed at that early period of my professional career have not only been left unchanged, but have been most forcibly confirmed by the results of increased experience, and this is the absolute necessity of avoiding violence in the use of urethral instruments.

To my mind, it matters not what amount of skill or experience the surgeon may possess who ventures to attempt the forcible passage of instruments through strictures, as I am sure that no amount of either will, in the majority of cases, prevent such treatment from leading to results most disastrous to his patients, and ultimately discreditable to his own reputation for skill and humanity. If the latter were the only consequences of such treatment, it would be comparatively of no importance, seeing that it should only be regarded as the just punishment of his cruelty. But unfortunately the evils which result from this source are not confined either to the patients who suffer from such barbarities, or the surgeons who practise them. Their influence

is much more extensive, and equally disastrous to others. For the effect of this treatment is to throw on the surgical world a host of *apparently incurable cases*, in which, to the inexperienced or superficial enquirer, the ordinary methods of treatment not merely appear to have failed, but also to have aggravated the disease they were intended to cure. Hence, unfounded discredit is cast on methods of treatment, which, I am convinced, if properly carried out, are pre-eminently the most efficient, and a seeming necessity is created for an almost indiscriminate recourse || to dangerous operations like that recommended by Mr. Syme: false doctrines, at whose shrine it is to be feared many valuable lives have already fallen an untimely sacrifice!

And, indeed, it is the prevalence of these erroneous opinions amongst a portion of the profession, and a still greater portion of sufferers under strictures of the urethra, which has led me to the publication of the following observations, in the hope that they may lead to more correct views as to the causes of the frequent apparent inadequacy of the ordinary methods, and as a natural consequence to a more judicious and careful use of urethral instruments, as the hinge on which the success or failure of those modes mainly depends. In this view, then, I have only, in conclusion, to remark that the opinions expressed and the suggestions offered in the following pages, as to the practice of the ordinary methods of treatment, are based on a calm and unprejudiced review of the results of twenty-five years' extensive practice. It is not for me to offer any observations with regard to the value which may attach to them—that will be the province of my readers. But this I trust I may venture to assert—that if the surgeon, who considers these views sufficiently important to adopt them for his guidance in the treatment of strictures of the urethra, should by any strange chance fail in

affording relief to his patient, he will, at all events, not have added to the mortification of failure, vain remorse at having sacrificed, or even endangered, the lives entrusted to his care and skill—no surviving relative will have occasion to pronounce the results of his treatment “*a great sorrow and a heavy calamity.*”^{*} And this I imagine is no negative recommendation in these days of “cutting” monomania.

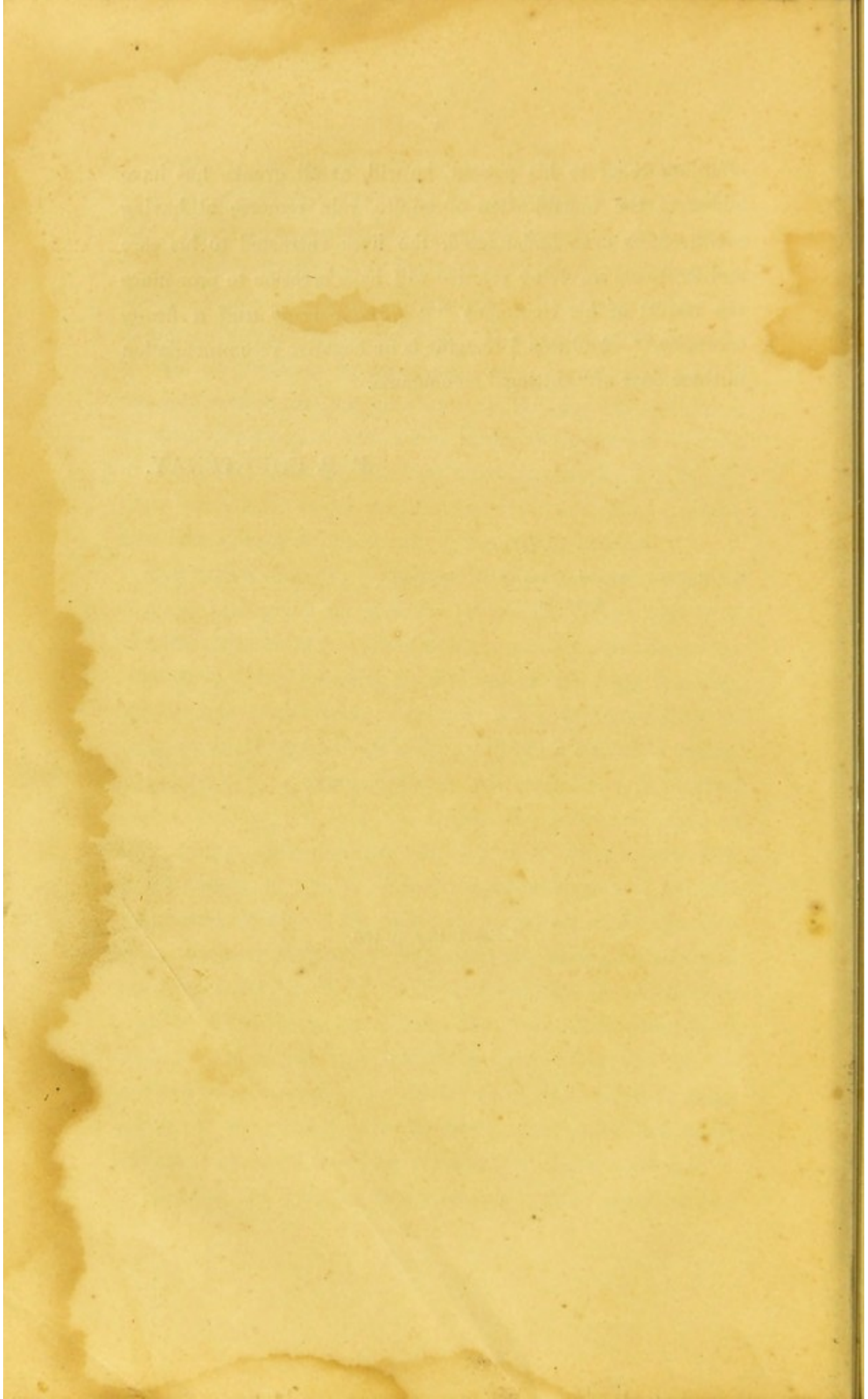
F. B. COURTENAY.

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September 20, 1858.

2, CHANDOS STREET, CAVENDISH SQUARE,
LONDON.

* See Letter, p. 105.



ON THE TREATMENT
OF
STRICTURES OF THE URETHRA.

SECTION I.

“Those who complain most loudly, are those only who know not how to use the common instruments. * * * The practice of Surgeons has been marked with all kinds of violence; an indifference about the simple cure of diseases; and a passion for operations, and all the excesses and horrors of *Surgery*.”—BELL'S *Observations*.

I THINK I may, with the strictest truth, assert that there is no disease to which man is liable, the causes, nature, consequences, and treatment of which (theoretically, at all events) are better understood than those of Stricture of the Urethra. I believe I may with equal truth state, that there exists no disorder capable of entailing the same amount of intense mental and physical agony, and not unfrequently occasioning so much danger to life, that more often or more quickly yields to judicious and skilful treatment. Indeed, to the patient the relief afforded frequently appears magical. Thus, we constantly see patients who have for years endured in hopeless misery all the discomforts, pain, and even danger to life which the disease in its advanced stages occasions, relieved from all their sufferings in the course of a few days, or at most a few weeks, by the skilful use of a simple catheter.*

Judging from these premises, the novice in the treatment of stricture would naturally infer that, so far as the surgeon is concerned, nothing could be more simple and easy than the removal of any urethral contraction; and that when patients suffer to the extent above mentioned, it must be from their own neglect in not obtaining the necessary surgical assistance.

* See cases xi. and xvi.

Yet, natural as such a conclusion may appear, the stern results of twenty-four years' experience compels me to declare that, in far too great a proportion of instances of aggravated strictures which have come under my notice, the severe and prolonged sufferings which the patients have endured, have not been the result of their own neglect, but have arisen from causes entirely beyond their control. What those causes are, and how produced, I shall presently show. In the meantime, it is necessary, as a preliminary or starting point, from which to proceed to the consideration of the important questions which form the subject of the following remarks, that I first enumerate the different modes of treatment practised for the cure of Stricture of the Urethra. These modes may be conveniently divided into two classes, distinguishable as "Ordinary" and "Extraordinary."

The ordinary methods of treatment are :

① First—Simple temporary dilatation with the common wax, or catgut, or metallic bougie, or catheters, or sounds.

Various other instruments have been invented and employed from time to time, both in this country and abroad, with a view to the more efficient dilatation of Strictures of the Urethra. As, for example, steel dilators with opening blades, dilators passed on guiding rods or small catheters, which have been previously introduced through the contracted parts; Arnott's fluid dilators, &c. But as they are all, in truth, of no practical value, whilst some of them are most dangerous, I do not think it worth while to waste the reader's time, or my space, by entering into a minute description of them, or the modes of employing them.

② Secondly—Prolonged dilatation by the retention of an instrument against or in the grasp of a stricture, if the contraction is impermeable to it, for periods varying from half an hour to many hours, as will be shown in some of the cases I shall by-and-by relate; or, if the stricture be permeable, by the retention of catheters in the urethra and bladder, for periods varying from one to six or seven days—sometimes even longer.

③ Thirdly—By the employment of bougies or other instruments armed with Potassa Fusa or with the Nitrate of Silver.

The following modes of treatment are those which I place in the category of "Extraordinary Methods:"

First—The plan of internal incision with the “Lancetted Stilette.” (4)

Secondly—By external incision, as in the operation of Perinæal Section. (5)

Thirdly—Any other operation involving the use of the knife.

Now, it must be understood, that, after the division of the stricture or strictures has been accomplished by any of these operations, it is absolutely necessary, in order to complete the patient's cure, to employ bougies or catheters, according to the methods of treatment by simple or by prolonged dilatation.

Thus, then, and notwithstanding all the ingenuity displayed in the construction of different kinds of instruments, or in the revival of obsolete or the suggestion of novel operations, all our treatments are only so many modifications of or additions to the original and more simple treatment by dilatation,—valuable, no doubt, in some rare cases, although a recourse to them is attended by some risks and even danger to life. Therefore, in relation to the question of the means which we possess for successfully treating strictures of the urethra, I would venture to make the following statement as an axiom: namely, That the foundation of all methods of treatment, as well as all expectations of success therein, must rest to a greater or lesser extent on the surgeon's skilful and judicious use of bougies, catheters, or sounds. And to this axiom I would add, as the result of my experience, that, with scarcely any exception, some one of the modes of treatment I have classed amongst the ordinary methods will be found sufficient, *per se*, or in combination with the others, to afford all the relief that can be hoped from those I have denominated as extraordinary, and this happily without the risk of life attendant on the employment of some of the latter. In making this statement, I am prepared to be asked how I reconcile my assertion with a fact that is unfortunately but too notorious; namely, that strictures not only very often resist, or at all events seem to do so, all attempts at their cure by these means, but are aggravated thereby. The answer to this seeming contradiction, which an extensive experience of twenty-four years compels me to make, is, that I have found, with scarcely any exception, that these seemingly intractable strictures have

resulted from one or from a combination of the following causes :

1. First—From a want of manipulatory skill in the use of the instruments on the part of the surgeon.

2. Secondly—From the improper use of instruments, as by the employment of unpardonable violence, when attempting to pass them through the stricture, by surgeons otherwise possessed of both skill and experience.

3. Thirdly—From the grossest neglect on the patient's part. It is with pain I add, that the two former, in the majority of instances of aggravated stricture that have come under my notice, have been the most frequent causes of the patient's prolonged sufferings.

From these results of my inquiries into the real causes of the repeated failures of the ordinary methods to afford relief, it appears to me, that those gentlemen who have so strenuously devoted themselves to the revival of obsolete operations or to the introduction of novel ones, on the ground of the general inefficiency of the ordinary means of cure, have, in their eagerness to foist their own views and practice on the profession, too readily assumed that the intractable cases they have met with afford conclusive evidence of the inefficiency of the ordinary methods. I cannot but think that, had they discarded all preconceived theories, and extended their inquiries into the character of the previous treatment, they would have found reasons for arriving at conclusions similar to my own, as to the real causes of the intractable nature of the disease ; whilst, had they further been content to try again the same modes of treatment which had apparently failed, I have no doubt that, through their greater practical experience, they would have met with the same success as I have under similar circumstances, and hence would now be prepared to join me in declaring, that, in a vast and overwhelming majority of instances of seemingly intractable strictures, some one of the ordinary methods of treatment, *per se*, or in combination with the others, will be found adequate, if skilfully and judiciously employed, to afford all the relief that can be obtained by the severe and, to some extent, dangerous operations which they now so indiscriminately recommend. But these erroneous opinions, as they appear to me, have not been confined to the

immediate promoters of the operations referred to. They have, on the contrary, more or less prevailed throughout all the recent discussions, both written and oral, with which the profession have been inundated during the last two or three years on the subject of the sufficiency or insufficiency of the ordinary modes of treating strictures, the necessity for the performance of such operations as those referred to under the head of extraordinary methods, and their presumed merits, demerits, and dangers: for all parties to these discussions, however they may have differed in opinion on the main questions at issue, have, I think, too readily taken it for granted, that the constantly recurring instances of unsuccessful results after a course of treatment on the principle of dilatation, or the other ordinary methods, are conclusive evidence of the existence of some radical or inherent defect in those systems of treatment. The very obvious inquiry as to whether or not the treatment which may have been adopted has been carried out by one competent, from his general experience and manipulative dexterity in the use of instruments, to do justice to it and to the patient, or if even so far competent, whether or not that competency, in regard to experience and manual dexterity, has not been counterbalanced by the employment of undue force in attempting to pass the instruments, would appear never to have suggested itself to their consideration. At any rate, if some such ideas have floated across their minds, they have not done so with sufficient force to induce them to assign to these circumstances that pre-eminent consideration amongst the causes that may influence the failure or success of the treatment, which they deserve. Yet, even a very slight knowledge of the nature and situation of the disease, as well as of the difficulties that frequently impede the introduction of instruments through the urethra to the bladder, should convince the most superficial observer, that the success of any treatment must mainly depend, not only on the amount of practical experience possessed by the surgeon, but also on his possession of such sound judgment and temper as will prevent him making hasty and violent attempts to pass instruments through the strictures. It therefore surely does not require a moment's argument to convince the most inexperienced person, that, in a disease so entirely dependent on instrumental assistance for its proper and effectual

relief, it is impossible to enter on the discussion of the merits or demerits of the ordinary modes of treatment, with any prospect of arriving at correct conclusions, if we ignorantly or wilfully refrain from inquiring how far the failures of those methods are occasioned by want of experience on the surgeon's part in many, and by want of temper and patience in a still larger number of instances, than from *any want of adaptation in our means to the end proposed*.

Entertaining these views, it appears to me, that these important considerations in relation to the question of the merits of the ordinary means we possess in treating cases of stricture of the urethra, have not been hitherto brought forward with the prominency or urged with the force which they merit. For I may state it as an indisputable fact, that there is no malady to which man is liable, the efficient relief of which depends more on the amount of *practical experience* possessed by the surgeon, than stricture of the urethra. I say, *practical experience*, because it is not enough for the prompt and comparatively painless relief of the patient, that the surgeon in theory knows that an instrument should be passed, but he must also know how to pass it; and to do this, it is essential that he possess a sufficient amount of dexterity in the use of instruments, and this can only be required after much *practical experience*.

In relation to this subject, man never penned truer words than the following:—

“The operation of introducing a catheter through an impermeable stricture is, without doubt, the most difficult in the whole range of surgical operations, and demands all the science, prudence, and skill of a master. The art can only be acquired, and that gradually, by frequent practice.” (*Liston's "Operative Surgery."*)

I imagine there are but few who would openly dispute the truthfulness of this deliberately expressed opinion of one of the most distinguished operating surgeons, not only of his own time, but of all ages. Nevertheless, what does our every-day experience show us? It brings these facts to our knowledge:

First—That persons who are totally devoid of *practical experience*, do not for a moment hesitate to take upon themselves the treatment of such cases, with no other foundation on which

to justify their so doing, than the possession of a certain amount of theoretical knowledge as to the pathology and treatment of the complaint. It is principally persons of this class who are constantly falling into the error of treating patients for the removal of imaginary strictures, whilst not unfrequently their bungling operations cause so much irritation in the urethra as to give rise to the formation of a real one, and this, too, sometimes complicated with a false passage! What intractable strictures often arise in this manner, and how inefficient must all treatment appear in such hands!

Secondly—Daily experience affords equally deplorable as well as infinitely less excusable instances of the sad effects of hurried and violent treatment, adopted by men whose skill and experience it is impossible to doubt. There are many circumstances that may excuse the former for any errors they may commit, but nothing can justify the latter.

If this be, as my experience leads me believe, a correct representation of what often happens to patients labouring under stricture and other diseases of the urethra, will not every one admit that the possibility, not to say probability, of these occurrences having befallen them, forms a very important link in the chain of evidence which should determine us in forming our conclusions as to the general efficacy of the ordinary modes of treatment; inasmuch as, if it can be proved, in a majority of instances of obstinate and apparently intractable strictures, that they have first assumed those characteristics after having been exposed to treatment by violent or inexperienced hands, and have nevertheless subsequently yielded to precisely the same plan of treatment, when carried out by more experienced or more gentle hands,—or, further, if it can be proved that persons have been repeatedly pronounced to be strictured, who in reality were not so, and where the error has not been detected at once, have only had well-defined symptoms of stricture, after a more or less prolonged course of so-called treatment with bougies,—is it not, I ask, if these things can be proved, a waste of time to enter into discussions as to the efficiency of our modes of treatment, and at the same time suppress or avoid the consideration of these important elements in their success or failure? Is it not, also, an unpardonable neglect,

as well as a gross perversion of the results of our experience, to disregard all these considerations, and denounce plans of treatment as generally inefficient, which are in truth only so from the inexperience or the imprudence of those who profess to carry them out? Should we not be nearer the truth if we were to state, that patients often fail in obtaining the desired relief, notwithstanding the existence of efficient means of affording it, through the inexperience or rashness of the surgeon, and that it also occasionally happens that they even owe the disease under which they labour to the same causes? I believe that we should.

However, without pursuing this theme any further at present, I will proceed to lay before the reader some of the evidence that has led me to the formation of these opinions.

I shall commence with the relation of some cases in support of my first assertion; namely, that one cause of the apparent failure of the ordinary modes of treatment is frequently found in the fact, that the carrying out of them has been undertaken by some surgeon entirely devoid of practical knowledge in the treatment of strictures of the urethra; a man who, in all probability, could not succeed in the introduction and passing of a bougie through the urethra to the bladder, even when the urinary canal was free from any morbid contraction, and, therefore, I need hardly say, could still less do so if any stricture existed.

Indeed, I not only assert that in cases where strictures actually exist, they are often rendered apparently incurable through the attempts of inexperienced parties to remove them; but I go further, and assert that in a vast many instances, the sole cause of the formation of strictures of the urethra is due to the unnecessary and unskilful use of urethral instruments.

CASE I.—Major B—— wrote to me in the summer of 1857, saying he was labouring under stricture of the urethra, and, in consequence of the recommendation of a friend, he had some idea of coming up to London to place himself under my care. But before doing so, he should wish to have some information in regard to my modes of treating such cases. Being satisfied with my replies to his inquiries, he some time afterwards came up to

town. I at once, greatly to his surprise, passed with the most perfect ease a full-sized (No. 13) bougie to the bladder. In reply to my inquiry as to what made him think he had a stricture, I learnt, that about twelve months before this he was in London, and, fancying he did not make water as he should, he mentioned the circumstance to a relative of his own, Mr. ———, senior surgeon to ——— Hospital. On this gentleman attempting to pass a middling-sized bougie (about No. 8), he experienced some difficulty in doing so, but ultimately succeeded. A slight bleeding followed the operation. The patient was now told that he was labouring under stricture, and, as he was about to return to Scotland, he was recommended to get his medical attendant in that country to pass instruments for him until the removal of the contraction was effected. On the patient's return to Scotland, he mentioned to his surgeon the advice he had received; but, for some reason or another, this gentleman always made some excuse for not passing an instrument. And the consequence was, the patient got fidgety and came up to me. Now, we have here an instance of a surgeon to a large metropolitan hospital being such a bungler with his instruments, as to be unable to pass a bougie without falling into such a miserable mistake as this. What would have been said if this gentleman had undertaken the treatment of a real case of stricture by any of the ordinary means and failed? as he would be almost sure to do! Why, the failure would have been attributed to the insufficiency of the means, rather than to the want of skill on the part of the surgeon; how justly I leave my readers to determine. I may here state that this is the second case which has come under my notice this year, in which the same surgeon has declared the patient to have a stricture when none existed.

CASE. II.—A gentleman who had recently returned from Australia, called upon me in the summer of this year (1857), requesting me to examine his urethra, and inform him if he was strictured. Upon doing so, I passed with the greatest ease a full-sized bougie to the bladder. Upon this, I of course informed the patient he was not labouring under stricture; his reply somewhat startled me. It was, "I thought so, and I will now

tell you the history of my coming to you. The fact is, I have for some time been under Mr. ——— (mentioning the name of a gentleman who is the author of a work on stricture of the urethra, and who should therefore, one would have thought, have known better), he having told me I was strictured. On my first going to him, he could only pass a very small instrument, about a No. 2, I think, although my stream of water was very much larger. I continued to attend him twice a-week up to this time, and the sizes of the instruments have been gradually increased by half sizes at a time, and now a No. 6 has been passed. However, as I found no difference in the symptoms, which led me to think I was suffering from stricture, I have lately had some doubts on the point, and hence my visit to you; and the ease with which you have passed so much larger an instrument, satisfies me that I am, as you say, not strictured." From what I learnt of the patient's symptoms, I came to the conclusion he was suffering under slight irritation of the neck of the bladder. I have seen this patient two or three times since, at intervals of two months, and on one occasion I passed an instrument, just for the sake of ascertaining if there was any disposition to contraction now that the use of instruments had been discontinued; but there was not.

CASE III.—Captain ———, R.N., resident in one of the midland counties, found that he had a more frequent desire than natural to void urine, and fancied that he did not pass it so freely as he should. He consequently consulted his usual family medical attendant, who proposed that a bougie should be passed, in order to ascertain if there was any stricture of the urethra. Accordingly, a middling-sized instrument was introduced, and, after some difficulty, passed into the bladder; on its withdrawal, a slight bleeding followed. The patient was now informed that he was labouring under stricture of the urethra. For three or four days after this operation, all the symptoms of irritation that previously existed were much aggravated. On two or three subsequent occasions, a bougie was passed with similar results. At length the patient, having a wholesome dread of becoming a victim to stricture, determined on visiting London. On his arrival in town, I passed a full-sized metallic

bougie into the bladder with such facility as to cause him the greatest astonishment. I could not detect the slightest symptom of stricture in passing the instrument; and from the patient's account, it was very evident that the instrument, when introduced in the country, had been hitched against one of the natural obstructions which exist in the urethra, and often with inexperienced hands impede the introduction of instruments, and that hence had arisen the difficulty and hæmorrhage.

CASE IV.—A young gentleman consulted one of the surgeons of a metropolitan hospital on the state of his urethra. It was only after the employment of considerable force, that a middling-sized bougie was passed; a profuse hæmorrhage resulted from the operation. Indeed, the patient suffered so much, both at the time and for some days after his first visit, that on his second he told Mr. ——— that, unless some milder treatment could be adopted, he should decline having anything more done. Mr. ——— thereupon said, that he could dilate the stricture by the injection and distension of the urethra with warm water, which would be a very mild method of treatment. The patient having consented to this, Mr. ——— proceeded to inject warm water up the urinary canal; but the operation was so painful, and the subsequent irritation so great, that the patient ceased to call upon Mr. ———. A few months after this, he sought my advice. Upon my proposing to pass an instrument, he became much alarmed, and it was only after some discussion that he would allow me to do so, when I passed, with perfect ease, a full-sized metallic instrument. It appeared to me that the symptoms of urethral irritation, under which the patient laboured, were the result of neglected gonorrhæa, conjoined to great irregularity in his mode of life.

CASE V.—Captain ———, after having had an attack of gonorrhæa, which left a slight gleet discharge, fancied he might have a stricture, and thereupon applied to a surgeon, who, upon attempting to pass a moderate-sized bougie, found so much difficulty in doing so, as to induce him to declare the patient to be strictured. By the advice of a friend, the patient came up to

London, when I passed a full-sized (No. 12) bougie without detecting any symptom of stricture.

CASE VI.—A gentleman came from India under the impression that he was labouring under a stricture of the urethra. Bougies had been passed by surgeons in that country, and he had been instructed in the use of those instruments, and directed to pass one daily, during his voyage home, in order to keep the stricture permeable to instruments. I passed a full-sized bougie with perfect ease, and I did not discover the slightest trace of any stricture having existed.

CASE VII.—A gentleman was many years since under the care of the late Mr. Vance, for the removal of a stricture of the urethra. As soon as that gentleman was able to pass a full-sized instrument, he instructed the patient in its use and then dismissed him, with directions to introduce it for himself once a month, in order to prevent any re-formation of stricture. These directions the patient observed for many years, when, finding that the instrument always passed with perfect ease, he, about twelve months before my seeing him, discontinued the use of the bougie altogether. About six months subsequently he observed that, after indulging in sexual intercourse, or after taking an extra glass of wine, there was always a degree of irritation excited in the urethra, followed in a few hours by the appearance of more or less discharge of a slight yellow tinge, which, however, after continuing for a day or two, would spontaneously disappear. At length, in consequence of the continual recurrence of these symptoms, he was led to consult a surgeon. This gentleman deemed it expedient to ascertain if these symptoms arose from the re-formation of the stricture under which the patient had laboured. Accordingly, he made an attempt to pass an instrument, but could not succeed in doing so. Three successive attempts were made to pass different kinds of instruments, but without success. These attempts caused so much pain to the patient, and likewise produced so much bleeding, that he would not consent to a fourth attempt, which the surgeon was anxious to make. A few days after this, I first saw the patient, and passed a No. 10 metallic bougie with perfect facility. A week

after, I passed a No. II, being the largest size that his urethra would admit. I saw the patient again two months after, and at his request, to satisfy his mind, I again passed with ease a full-sized bougie.

CASE VIII.—A gentleman resident in one of the northern counties contracted a gonorrhœa, which was accompanied by unusually severe inflammatory action. However, in the course of a few months, all symptoms of his disease had disappeared with the exception of a slight discharge. As he was travelling during the greater part of his time, he had not had any regular medical advice. However, having now returned to his home, he placed himself under the care of a gentleman of considerable local eminence, who thought that the obstinacy of the discharge arose from the existence of a stricture of the urethra. Accordingly, he proceeded to examine that canal by passing a moderate-sized bougie; and, as there was some difficulty in passing it to the bladder, he pronounced the patient to be labouring under stricture. Bougies were now passed daily for a fortnight, when the irritation caused by their frequent introduction became so violent, as to render the most active antiphlogistic measures necessary. As soon as the irritation was allayed by these means, bougies were again used; but on this occasion, they were only passed on alternate days. This treatment was continued for two months, by which time a full-sized bougie could be passed, although it always appeared to meet with some impediment. The discharge continued, and there was slight heat on urinating. As these symptoms continued over a period of two years, the patient again and again consulted the same surgeon, who, as he invariably pronounced them to be caused by stricture, uniformly had recourse to the treatment above described, and with the same results.

Some months after the last course of this treatment, the patient came to London. Upon its being proposed to examine the urethra with a full-sized metallic bougie, he objected, on the ground that it had hitherto always been found that only small bougies could at first be passed after an interval in the treatment had occurred.

However, he consented to the attempt being made, on receiv-

ing an assurance that no force should be employed in its introduction. I passed with perfect ease a full-sized bougie at once, to his great astonishment, to the bladder. There was not the slightest indication of the existence of stricture. The discharge was removed in a fortnight by the treatment adopted. Six months after his cure, business called him to London, when I passed again a full-sized bougie without encountering the slightest difficulty.

CASE IX.—Another gentleman, a resident in the country, had an attack of gonorrhœa, which occasioned similar symptoms to those just detailed in the preceding case. Like that patient, he was told that the continued discharge was probably caused by stricture, and that it was necessary to examine the urethra. To this end, a middling-sized bougie was introduced; but when it reached the bend of the urethra—to use the patient's own phrase—its further progress was stopped. Considerable and prolonged pressure, which produced excessive pain, was employed to overcome the obstruction. At length the instrument seemed to advance; but, on the patient complaining that it appeared to be tearing him, it was partially withdrawn and its point directed in a different direction; upon which, with an apparent jump over some obstruction, it passed on to the bladder. When the instrument was withdrawn, a very considerable hæmorrhage occurred. Need I add, that the patient was now informed that he laboured under a severe stricture of the urethra? The first time the patient had occasion to urinate after this operation, the moment the urine flowed over that part of the urethra where the bougie had first been stopped, he experienced the most agonizing pain in the urethra, accompanied by an acute cutting sensation in the perineum, and the penis became swollen into a semi-erect state. The urine was bloody. For some days afterwards, the patient suffered considerably from the effects of the operation. *From this time, he first began to experience difficulty in expelling his urine.* When the more urgent symptoms had subsided, another attempt was made to pass a bougie. On this occasion, a still smaller one was used. Nevertheless, some difficulty was again experienced in passing it through the "bend;" however, it was at length passed. A slight bleeding

was occasioned by the operation. For some time after this, the patient was operated on at stated intervals. Each operation, in its course and results, was very similar to the last I have described. At length, as the patient not merely found no relief from them, but on the contrary experienced increased difficulty in urinating, it was determined to "wait a little."

However, the progress of the disease which these operations had developed continued unchecked; the stream of urine rapidly decreased in size, and the patient began to suffer from violent spasms and attacks of partial retention of urine, besides labouring under constant scaldings in the urethra, and extreme tenderness in the perinæal region. With such an aggravation of his original and apparently simple malady, through the means adopted for its cure, it is no wonder that he came at length to be seriously perplexed as to which of the evils was most to be dreaded, the progress of the disease or the so-called treatment. Finding, however, at last, that the stricture continued to increase, he determined upon buying some small wax bougies, and endeavouring to pass them for himself. He fortunately succeeded in his first attempt, without causing any bleeding or other bad symptom. From this time, he for a considerable period contented himself with passing a small bougie occasionally. But at last the stricture closed, so that he could not pass any bougie. He now, when attacked with retention of urine, as he frequently was, passed a large wax bougie down to the stricture, and fortunately he could always, after having kept it firmly pressed against it for a short time, make water on withdrawing the bougie.

This case only came under my notice accidentally, and I am consequently unable to give any account of the patient's after-progress. That it would be one of much suffering, there is too much reason to fear.

CASE X.—Captain G—— was somewhat suddenly attacked with pain and irritation at the neck of the bladder, acute scalding pain in making urine, and frequent calls to void it. His usual medical attendant having been consulted, prescribed some medicines, which, however, afforded but partial relief. At length, as the desire to void urine was almost incessant, he was induced

to consult Mr. ———. This gentleman, having after some difficulty passed a No. 6 bougie to the bladder, informed the patient that the symptoms under which he laboured were caused by the existence of *a stricture of the urethra so close to the neck of the bladder, that the moment the instrument passed the stricture, it entered the bladder!* Bougies gradually increased in size were now regularly passed twice or thrice a week, till one of the size of No. 12 could be passed. But there was no corresponding improvement in the patient's symptoms. These operations were sometimes accompanied by slight bleedings. As the patient did not derive the benefit which he had been led to expect from Mr. ———'s treatment, he began to doubt the correctness of that gentleman's opinion as to stricture being the cause, and accordingly he determined on consulting Sir B. Brodie. In pursuance of this determination, he called on Sir B. Brodie, who, after having passed an instrument to the bladder, declared there was no necessity for the use of instruments, and advised him to throw his bougies into the fire. He further prescribed some medicines tending to allay the local irritation which existed. The patient found considerable benefit from these remedies, and after a time he was nearly well.

Unfortunately, however, he was so impressed with a fear of having a stricture, that he determined on passing an instrument for himself. On his doing so, all his old symptoms returned in full force. He saw Sir B. Brodie again, and again he was recommended to discontinue the use of any instrument. After a time, he was once more greatly relieved by the medicines prescribed. But, nevertheless, there was a more frequent desire to urinate than natural.

Under these circumstances, he was perplexed by the doubts created in his mind, and by the totally opposite opinions which had been given, as to the cause of his symptoms and the treatment that should be adopted. It so chanced that I was attending one of his relations, who, on learning the history of the case, advised my being consulted. I passed with perfect ease a (| No. 13 metallic bougie, without meeting with the difficulty which the patient described Mr. ——— to have always met with as the instrument entered the bladder. According to his account, the instrument, when introduced by Mr. ——— appeared to hitch

hitch for a moment at the entrance of the bladder, and then suddenly pass with a jump. From the result of my examination, I had no hesitation in coinciding with Sir B. Brodie's opinion and treatment. However, the patient was still inclined to think that there was some stricture, and he accounted for the circumstance of my passing the instrument with such facility to the fact of his having passed one himself a few days before. I therefore recommended him to cease all use of instruments for a month, promising to pass the same instrument at the expiration of that period with the like facility.

Five weeks after this the patient called upon me, when I fully kept my promise. The medicines which I had prescribed had entirely removed all his unpleasant symptoms. The patient took his leave with a promise not to use any instrument till he saw me again, which was to be in two months' time. I saw him again after an interval of nine weeks, and again passed a full-sized instrument with ease. The last time I passed an instrument was after an interval of more than six months, and he remained free from stricture.

CASE XI.—A gentleman about twelve years before my first seeing him, resident in London, laboured under an obstinate discharge from the urethra, which had originated from an attack of gonorrhœa, and had resisted all the attempts of two or three surgeons to cure it. At length, about the time mentioned above, he placed himself under the care of a Mr. E——, who, after he had for some months in vain prescribed different medicines, one day called upon the patient, desired him to undress, stand against the wall, and then, without any intimation of his intentions, he drew from under his own waistcoat a straight metallie bougie, which he rapidly passed up the urethra.

From the patient's account, this instrument was thrust a considerable distance up the canal, although not to the bladder, and its progress was accompanied by a sensation of tearing and the greatest pain. A profuse hæmorrhage occurred on the withdrawal of the instrument. The patient, was now informed that he had a permanent stricture, and that was the cause of the existing discharge.

For a period of two months from this time, attempts to pass

instruments to the bladder were regularly made twice or thrice a week, but without success. Every operation occasioned more or less bleeding, and gave the patient great pain, *whilst, in proportion to the frequency of the operation, so he experienced increased difficulty and pain in expelling his urine.* The injury and severe aggravation of the patient's disease which these operations were producing, was proved in a most distinct manner under the following circumstances:—It so happened at one period of the above time, that Mr. E—— was obliged to go into the country, and in consequence arranged that, during his absence, the patient should call upon Mr. Arnott. When the patient called on that gentleman to have an instrument passed, Mr. Arnott, on seeing the inflamed appearance of the orifice of the urethra, and hearing an account from the patient of the extreme irritation and pain existing throughout the whole course of the canal, most judiciously declined to pass an instrument, but prescribed some medicines with the view of allaying this condition of the parts. These medicines were taken by the patient for ten days or a fortnight, during which time no attempts to pass instruments were made. The result was, *that at the expiration of this period, the patient felt himself much better, and he expelled his urine with great comparative ease and comfort.* Unfortunately, the return of Mr. E—— withdrew the patient from Mr. Arnott's skilful care, and the treatment with bougies was recommenced: and under it *the difficulty and pain on urinating became again excessive.*

At length, the patient withdrew himself from Mr. E——'s care, and placed himself under the late Mr. Bolton. This gentleman was led to the conclusion, that the difficulty and pain which the patient now had in expelling urine, resulted solely from the inflammatory and spasmodic condition into which the urethra had been brought by the foregoing improper use of instruments, and therefore that the treatment must be by internal medicines, aided by warm baths and fomentations applied locally. A line of treatment in accordance with these views was steadily carried out for a period of three months; but although the excessive soreness, spasms, and extreme pain which the operations had occasioned, subsided in a great degree, there was not a correspondent improvement in the power of expelling the urine. Under these circum-

stances, Mr. Bolton determined on using instruments to remove the permanent obstruction which it was feared had now formed. Accordingly an instrument was introduced, but could not be passed beyond that part of the canal at which the bulbous terminates in the membranous portion. For two months from this time, instruments (wax bougies) were regularly introduced twice a week down to the stricture, but on no occasion through it. Mr. Bolton now resolved on using metallic bougies and gum catheters with their wires in. Some months were spent in this treatment without any instruments passing beyond the original seat of obstruction. At length on one occasion, something (to use the patient's phrase) appeared to give way, and the instrument suddenly passed onwards, though not to the bladder. The patient says, that Mr. Bolton did not appear to him to have used any great force at this operation. However, on the withdrawal of the instrument, some bleeding occurred, and he became very faint, and continued for some hours afterwards in such a state of prostration, that it was ultimately necessary to remove him to his own residence in a carriage, supported by a servant. On his arrival at home, his prostration was so great that he was obliged to be carried into his house. Shortly after, he was seized with fearful rigours, and for a period of six hours remained in such an alarming state of exhaustion, as to render the administration of brandy and other stimulants necessary. The following morning, he found that he voided urine in a much freer stream. In the course of ten days, the patient had entirely recovered from the constitutional disturbance which had resulted from this last operation. Nevertheless, Mr. Bolton would not resume his operations, and two months now passed before he would again adopt any instrumental treatment. During this interval, the patient took every other night a mild alterative pill, followed on the next morning by a dose of castor oil. Once again the treatment with instruments was resumed and continued for three months; but on no occasion was any instrument passed beyond the original stricture. The patient's general health now began to fail, and it was therefore resolved that he should give up the treatment of the local disease, and go to the sea-side to recruit his health. After he had been there about ten days, he had an attack of total retention of urine, which was, however,

relieved in a few hours by the use of a warm bath and the action of castor oil. Nevertheless, he was so alarmed by this attack, that he resolved on returning to London, when Mr. Bolton again commenced the treatment of the stricture. It is useless to follow him in it, as he met with no more success. I shall therefore merely state that the patient was, in all, two years under Mr. Bolton, during the whole of which time no instrument could be passed beyond the original seat of obstruction, save on the occasion already mentioned. About this period, the patient began to experience great pain in the rectum, and was frequently attacked by a sudden and urgent desire to void the fæces, and if this desire was not immediately complied with, their involuntary discharge ensued. For two months he remained without any surgical attendance, suffering considerably from his stricture, as well as from general derangement in his health: he then placed himself under the care of another surgeon. On this gentleman's first introducing an instrument, it was found that a stricture had formed anterior to the old one. But after a month's treatment this was removed, and the treatment of the original stricture was commenced. As the treatment was not successful, it will be sufficient to state, that, for a period of nine months, attempts were regularly made two or three times a week (mostly the latter) to pass instruments; but although they now passed the primary obstruction, they never entered the bladder. Nor did the patient void his urine any better. Moreover, the pain in the rectum was constant, and so great was the distress occasioned in that region by the operations, that immediately on the attempts to pass instruments ceasing, the patient was obliged to hasten to the water-closet, when he would void his fæces mixed with a discharge of muco-purulent matter, sometimes tinged with blood. The violent straining efforts he was obliged to make to expel urine, also frequently caused an involuntary escape of fæces. The late Mr. Liston was now consulted on the case. He passed a No. 7 metallic instrument down to the stricture, but not beyond it. Such was then the irritable state of the rectum, that whilst Mr. Liston was making his examination an involuntary discharge of its contents occurred. Mr. Liston recommended opiate suppositories to allay the irritability of the rectum, and a

steady perseverance in the attempts to dilate the stricture. Accordingly, for a further period of seven or eight months the operations were regularly continued thrice a week, not only without success, but with every appearance of aggravating the patient's sufferings locally in the urethra and rectum, as well as undermining his general health. At last he became so seriously ill, that it was determined that the treatment should be suspended, and the patient once again go to Brighton to recruit his health.

Shortly after his arrival there, he was induced by the wishes of a friend to consult Mr. ———, Jun. This gentleman, at his first visit, apparently passed a No. 6 solid instrument into the bladder. The patient says, that it did not appear to him that there was much difficulty in its introduction, although there was some pain experienced, and a sensation conveying to his mind the idea that the instrument was passing through a twisted channel, and over an irregular surface. A slight bleeding occurred on the withdrawal of the instrument. Mr. ——— said, he was sure a larger one could be passed, and accordingly took up a No. 7, which at once passed with much the same results. The following day, he passed Nos. 7 and 8. The next day, Nos. 8 and 9. The introduction of these last-sized instruments occasioned great pain, and was followed by so much irritation, that all further operations were suspended for some days. On their renewal, Nos. 8 and 9 were regularly passed twice a week for a month or six weeks. Nevertheless, the improvement in the stream of urine was by no means proportionate to the size of the instruments supposed to be passed to the bladder. The change of air had, however, much improved his general health. The patient now returned to London, and again placed himself under the care of the surgeon who had attended him up to the time of his leaving. On this gentleman introducing an instrument, it would not pass beyond the original seat of obstruction. For a period of four months, attempts were made twice a week to get an instrument through the stricture, but not only without success, but at an expense of much additional suffering to the patient. At last, a No. 7 elastic catheter was passed into the bladder, and the urine drawn off. But at the next attempt, it could not be passed, and never was passed at any subsequent

period during this surgeon's attendance. At length, the patient was completely wearied out, both by this course of prolonged unsuccessful treatment, and by the sufferings which each operation occasioned, and determined on going to Brighton to consult Mr. ———, Jun. Again did this gentleman, at his first visit, appear to pass with comparative ease a No. 9 bougie to the bladder. The patient remained a fortnight under Mr. ———'s care, having instruments passed regularly twice a week. As before, the change of air greatly benefited his general health. Mr. ——— now said, that it would be sufficient to pass instruments once a fortnight. The patient accordingly returned home, having first, however, arranged to go down to Brighton once a fortnight to have the instruments passed. This plan was steadily followed out for about a year and a half. The patient's general health was much improved, and he voided urine with less pain and much more freely. He likewise took, by Mr. ———'s directions, doses of the tincture of sesquichloride of iron, which appeared to afford him much relief. At the same time, the excessive irritation which he had laboured under, both in the urethra and rectum, whilst the instruments were being used so often, was greatly diminished. In short, such an amelioration had occurred in all the more urgent and distressing symptoms, that the patient was led to believe that his case was proceeding satisfactorily, and it was not till within a month of the expiration of this time, that he began to have some doubts on the point. The circumstance which first gave rise to them was the following:—The patient, on going to Brighton, saw Mr. ———, Sen., in consequence of Mr. ———, Jun., having been called out of town by some urgent case. Mr. ———, Sen., tried in vain to pass an instrument beyond the original seat of stricture. At his next visit, he saw Mr. ———, Jun., who had some difficulty in getting the instrument in, and in consequence introduced his finger per anum, and then remarked that the instrument *would pass, but not as he wished it.* The weather was very severe at this time, and as the old symptoms of irritation in the rectum and urethra were reappearing, accompanied by a constant desire to urinate, the patient, after a few more visits, felt so much inconvenience from these journeys to Brighton, that he resolved, by Mr. ———'s sanction and advice, to place himself under Mr. ———, an

eminent metropolitan hospital surgeon. I should state that Mr. ———, Jun., repeatedly during the above period, passed a No. 9 silver catheter, *but on no occasion, when its wire was withdrawn, was any urine discharged through it.* Mr. ———, in explanation of this, invariably remarked that there was "no water in the bladder," *notwithstanding that sometimes the patient had not urinated for nearly an hour. On one occasion, after the introduction of a catheter, the non-escape of urine, and a declaration on the part of the surgeon that there was "no water in the bladder," the patient very shortly after expelled a considerable quantity in the natural manner.*

On the patient's first visit to his new surgeon in London, he took with him the large silver catheter that Mr. ———, Jun., had passed. But it could not be introduced, and Mr. ——— was so surprised at this, that he inquired if the patient was not mistaken in saying that his last surgeon could pass it. The patient assured him that such was the fact. In reply to a further inquiry, as to whether the water was drawn off or not on these occasions, the patient was obliged to admit that it had never been discharged through the catheter.

Doubtless this answer served to enlighten Mr. ——— as to the true nature of the case, for he thereupon contented himself with the simple remark, that at all events the instrument would not pass that day, and desired the patient to call again in a few days, and, in the meantime, to remain very quiet and take regularly some medicines which he prescribed for him. These remedies allayed the local irritation. On the patient's next visit, Mr. ——— tried to pass different sized instruments through the stricture, but without success. These attempts were continued every fourth day for a fortnight, but still unsuccessfully. The intervals were now increased to once a week—then to ten days, and finally to once a fortnight; thus some months were spent, but on no occasion could an instrument be passed through the stricture. Nevertheless, as had always occurred when the intervals between the operations were prolonged, the patient's general health greatly improved, and he voided his urine in a better stream than whilst No. 9 catheter was apparently passed through the stricture to the bladder. We say this had always occurred, but we should say never before in so marked a degree.

The difference doubtless arose from the careful avoidance of all forcible attempts to advance the instrument, which Mr. ——— most judiciously displayed, not only in this the earlier part of his treatment, but throughout its whole course. As, however, no material progress was being made, it was determined that a consultation on the case should take place between Mr. ——— and the sea-side surgeon, who had appeared to pass the instruments so readily. The result was, that the patient at length learnt, what he had more than half suspected, viz., that there was a "bad false passage," and that nothing but the same quiet treatment could be adopted. Months were thus passed, but without obtaining the desired success. He remained more than a year under Mr. ———'s care, when he ceased his attendance.

A few weeks after this I first saw the patient. On examination I found that a full-sized bougie (No. 10) readily passed down the urethra to the junction of the bulbous and membranous portions. It there encountered a firm cartilaginous obstruction, beyond which it would not pass. However, on the point of the instrument being slightly withdrawn, and, at the same time, depressed to the lower surface of the urethra, and the penis drawn up on the instrument, it readily, with a slight jump, passed onwards to the whole extent of its length. The finger introduced per anum, detected the instrument lying in the space between the rectum and urethra. The metallic bougie, with which this examination was made, was now withdrawn, and a catheter passed its whole length, but no urine was discharged through it. The patient was then requested to urinate, the catheter being retained in its position; on his doing so, urine was discharged from the urethra along the sides of the catheter, but none escaped through it. The catheter was now gradually withdrawn, the patient continuing to expel his urine; as soon as the instrument was drawn back through the part where the jump occurred on its introduction, all the urine was immediately discharged by the catheter. Any doubt as to the direction taken by the instruments which were passed their whole length by the sea-side surgeon, that might have existed, after hearing such an account as the foregoing, was now at once removed.

I have not thought it necessary to encumber the history of the case with minute details of the many occasions on which

this patient suffered from severe attacks of rigours, hæmorrhage, and other distressing and alarming symptoms, after attempts to pass instruments had been made. It is sufficient to state, that he informed me, that from one cause and another, his sufferings were frequently of the most agonizing description. I should mention, that he had a further source of suffering in a scrofulous affection, which he had from his youth upwards, in the sole of the right foot, and which was accompanied by constantly recurring abscesses. Their formation always occasioned great constitutional disturbance.

Having satisfied myself as to the character and extent of the disease, I recommended the patient to wait a month or six weeks before placing himself under my care. When this time had elapsed, he called on me again. Upon proceeding to examine the urethra, I discovered that the false passage had in no degree closed. Under these circumstances, and as the difficulty in voiding urine was so great as only to admit of its discharge in drops, or at best in the slightest possible stream, I determined on no longer delaying the treatment.

On a careful review of the whole circumstances of the patient's condition, I came to the conclusion that the treatment with the potassa fusa (the remedy I most frequently employ) could scarcely be adopted with safety to the patient, as with so large a false passage existing just anterior to and below the contracted urethra, there would be great danger of the armed bougie slipping into it, rather than passing into the narrow outlet through which the urine was discharged, and if such an accident did occur, greater mischief might ensue to the patient. In short, it was obvious to me, that the only chance of a successful issue to the case would be from a careful and steady use of the catheter, on the principles of simple and prolonged dilatation. The patient now took up his abode in my house, in order that I might devote that time to his treatment which I felt the case would require, and without which I was satisfied no success could attend the treatment proposed.

For a period of four weeks, the plan of treatment determined on was steadily carried out; and although no instrument had been passed though the stricture, yet the general results were satisfactory and encouraging, inasmuch as the urine was

passed much better, and there was a much less frequent desire to void it. At the same time, no rigours or other bad symptoms had resulted from my operations. I now succeeded in getting a small silver catheter so far through the stricture, that on the patient's urinating, the water flowed freely through it. Under these favourable circumstances, the catheter, which was firmly held in the grasp of the stricture, was tied in by means of proper bandages. It was retained in this situation for twelve hours (the patient continuing to discharge his urine through it), when the usual symptoms of the approaching formation of an abscess in the foot having appeared, we did not deem it prudent to retain it any longer. It was only after an interval of five weeks, that a catheter was again so successfully placed within the grasp of the stricture, and secured with proper bandages. After the catheter had been retained twenty-four hours, the urine was not only discharged freely through, but it also escaped in large quantities by the sides of the instrument. After it had been retained a few hours more, I untied the bandages and passed the catheter into the bladder. It was immediately secured in its new position with bandages, and an opiate enema administered. This catheter was retained for eight-and-forty hours, not only without inconvenience, but with great comfort and relief to the patient. On its withdrawal, a No. 6 flexible catheter was passed with perfect ease. This was retained twenty-four hours and then replaced by a No. 9, which was likewise retained for twenty-four hours. On its withdrawal, I passed the large silver catheter used by Mr. ———, Jun., into the bladder, and drew off its contents of urine. After an interval of four days in the operations, during which the patient expelled his urine with a degree of comfort and freedom which perfectly astonished him, I passed Nos. 6 and 7 flexible catheters. Aware of the disposition inherent in long-continued gristly strictures, such as this patient's, to contract after so rapid a dilatation, I did not deem it prudent, for the sake of the éclat of passing a large instrument, to run the risk of exciting spasms, as I should in all probability have done, had I attempted to pass any larger ones. Another interval of four days elapsed, and then a No. 7 flexible catheter was passed and retained twenty-four hours, then withdrawn and replaced by a No. 8, which was likewise worn for twenty-four

hours, and replaced by a full-sized catheter, which was kept in for twenty-four hours more. At the next operation, the instruments passed so freely, and the patient's progress was so satisfactory, that he left my house and returned to his own residence, after an absence of eleven weeks.

Shortly afterwards, there was some difficulty in passing the instruments, and I therefore deemed it expedient to keep catheters in the bladder again for a few days. For a month after this, instruments were regularly passed twice a week with perfect ease, when there again appeared such a disposition to contraction, that I once more ordered catheters to be retained. From that time (about May, 1849,) to the present December, 1857, the patient has not had the slightest relapse or one unfavourable symptom. At the same time, the intervals in the patient's visits for the purpose of having an instrument passed have been gradually increased, and his last visit for that purpose was after an interval of eight weeks.

I have selected these few instances as a sample of the evidence on which I rest both my authority and, if need be, my justification of the freedom with which I have expressed my opinions on this subject. And if I do not now detain my readers with the details of more cases of a similar character, it is not for the want of further examples, but solely because I feel that my doing so would, in all probability, be as tedious to them as the repetition of a "twice-told tale." However, a few brief remarks on these cases, and the practical truths which they teach, will not, I presume, be out of place.

I would first state that these cases are fair average examples selected from an immense number of similar ones, which have in the course of years come under my observation, and in which unfortunate patients have been put to much unnecessary pain and inconvenience through being told they were labouring under a disease whose supposed existence was, after all, only due to bungling inexperience. I therefore ask, with confidence, do not these cases confirm and justify every word which I have said in relation to the evils which must result to patients exposed to be operated upon by persons deficient of all practical experience in the use of urethral instruments?

Further, I would ask the reader to reflect on the accounts

given in cases ix. and xi., of the patients' symptoms prior to and subsequent on the employment of bougies by the surgical attendants, and then tell me if I am wrong or not in my previous assertions: namely, that it occasionally happens that patients even owe the fact of their suffering under strictures of the urethra solely to the inexperience and rashness of the surgeon.

Can anything be more painful than the evidence which case xi. contains, on the one hand, of the grossest rashness and mistreatment, and, on the other, of prolonged and agonizing suffering thereby entailed on the unfortunate patient? How many years of suffering might he not have escaped had circumstances not unfortunately withdrawn him from Mr. Arnott's judicious treatment!

Now, if any inquirer, either medical or not, into the efficiency of the ordinary methods of treatment, were to judge of them by the results of the treatment of this case up to the time of my seeing the patient, without regard to the gross system on which they were carried out, he would certainly draw the most erroneous conclusions on the subject; yet such is the too general course pursued, both by the members of the profession and by patients, when they meet with failures. For a period of twelve years did this case resist the attempts made to cure it by the method of dilatation, and yet the same system properly carried out in the short space of twelve weeks was signally successful; showing, therefore, that the intractable character of the stricture (which, the reader must bear in mind, was solely produced by the improper use of instruments at first), arose only from the unskilful and improper mode in which the treatment was pursued, and not from any defect in the principle on which it was founded.

I would further inquire, what expectations the reader would entertain as to the probable results of any kind of treatment that might be adopted by persons so incompetent as to be guilty of committing the gross errors which I have related in the preceding cases? Would he be disposed to condemn, as inefficient or dangerous, any plan of treatment that such parties may have attempted to carry out, because it had failed, and, possibly—indeed, most probably—aggravated the patient's disease? In short, could there be a prospect of any successful

result, but that derived from the blindest chance, from any plan of treatment pursued by persons so inexperienced, and at the same time so rash? And lastly, if I have, almost daily, such cases coming under my notice, is it not most probable that these cases form but a very small minority of similar instances? And if so, what a fearful amount of human misery must annually proceed from this source! And at the same time how large a proportion of instances of failures may also proceed from this cause alone! Am I not, therefore, right in the assertion, that it is the height of absurdity to talk about the efficiency or inefficiency of our resources for the treatment of stricture, and, at the same time, refrain from pointing out and discussing the degree of influence which such instances of mal-practice must exert, not only in producing numerous cases of an apparently intractable character, but also, if unnoticed, in leading us to the formation of erroneous conclusions on the questions at issue?

Leaving others to answer this question, I now proceed to the consideration and proof of my second assertion—namely: That another equally if not more frequent cause of the apparent failure of the ordinary methods of treatment, results from the hasty and violent manner in which surgeons, otherwise of undoubted competency, sometimes force, and at others unsuccessfully attempt to force, their instruments both through permeable and impermeable strictures.

CASE XII.—The son of a respectable tradesman was introduced to me by a friend, who had been a patient of mine.

The following is his own written account of the history of his case up to the time of my first seeing him:—"During the last eight years I have contracted gonorrhœa three times; the last was a very severe attack, and left a gleet which I could never get rid of, although I tried every means recommended to me by the medical men whom I consulted. Two years ago, I began to experience difficulty in expelling my urine, and fifteen months ago I could only void it in a small stream, and in consequence I applied to Mr. ———, surgeon to ——— Hospital, who, at first, attempted to pass a large metal instrument, but could not. I bled on the instrument being taken out. He then tried to pass different kinds of smaller instruments, but he could not. These

attempts also caused me to bleed. Four days after, I went to him again. He first tried to pass a No. 5 steel sound, but, failing, he then tried with smaller gum catheters; however, they could not be passed. I bled after these operations. Four days from this, Mr. ———, on my visiting him, tried to pass a No. 3 silver catheter. He used more force than he had ever yet done, but still the instrument did not pass. This operation occasioned me more pain, and produced more bleeding than had ever occurred. These operations were followed by an aggravation of the symptoms of stricture. On my calling after another interval of four days, Mr. ———, in consequence of the irritable and indeed inflamed state of the urethra, which had followed on the use of instruments, recommended that all operations should be suspended, and that I should make up my mind to lay up altogether. As I resided at too great a distance from Mr. ———, to admit of his attending me at my own home, and as Mr. ——— said, it would be necessary that I should have hot baths two or three times a week during the course of treatment, it was thought best that I should be admitted into the hospital, of which Mr. ——— was one of the surgeons. Accordingly, I became an in-patient of ——— Hospital. For a week after my admission, I was confined to my bed, used hot baths, and had a dozen leeches applied on the perineum. These means greatly allayed the irritability and inflammation, and I made water much better. Mr. ——— now attempted to pass a steel sound, a No. 4, but he could not, although he used even greater force than he had ever done before; he then tried with a No. 3 silver catheter with no better success. This attempt caused me great pain, and I bled excessively. Nothing more in the way of operations was attempted for a week; the hot baths were continued. Mr. ——— now used a No. 5 steel sound; after the employment of much force, it popped into the stricture and advanced about a quarter of an inch; Mr. ——— now used greater force to make the instrument advance further, but in vain. He then left me, desiring me to keep the instrument in as long as I could. I retained it for about twenty minutes, when I was obliged to withdraw it, as I could no longer bear the extreme throbbing pain which it occasioned in the region of the stricture. There was some slight bleeding on my taking the instrument out. Two days after, Mr. ———

tried to pass some elastic gum bougies, but failed, although they entered the stricture. He left one of these in, which I was able to retain for about an hour. Three days after this, Mr. ———, by using great force, succeeded in passing a No. 5 steel sound nearly up to its hilt, but it did not enter the bladder. This operation gave me great pain, whilst it appeared to me that the instrument passed somewhere out of the urethra, and very much to the right-hand side. Mr. ——— made an examination per rectum to ascertain the course of the instrument; however, the only remark he made was, that the prostate gland was much enlarged. Notwithstanding that I had told him the direction which the instrument had appeared to me to take, he desired me, on leaving, to retain it as long as I could; I was, however, only able to bear it in for about fifteen minutes. When I took the instrument out, there was more bleeding than ever. I suffered a great deal after this operation, and there was a considerable aggravation in all my symptoms. Another interval of a week was necessary before any further operations could be attempted. After this, I made water much better than I had done for some time. Mr. ——— now tried to pass a No. 3 silver catheter; he used the greatest possible force, after which it appeared to me to advance in the same course to the right, as the sound had done; but before it had gone so far up, the pain was so intolerable that I screamed with agony, and entreated that it might be withdrawn, which was immediately done, and thereupon a considerable hæmorrhage occurred. Both these instruments appeared to me to break through something, and then pass out of the urethra to the right-hand side of that canal. I had a great deal of irritation after this operation. However, four days after, Mr. ——— passed in a very off-hand manner a gum bougie, which he got into the grasp of the stricture, and then left, desiring me as usual to keep it in as long as I could. I retained it for twenty minutes. There was some bleeding, as usual, after I took the instrument out. I should state that, after all these operations I was in the habit of bathing the parts with hot water, and I had always obtained relief from the pain they produced by so doing. But on this occasion I did not obtain the usual relief, and consequently had a constant throbbing pain in the passage. About four hours after, upon trying to make water, I found myself

unable to void a drop. I felt the urine pass out of the bladder to the seat of stricture; but the moment it reached that part, it suddenly stopped, whilst the pain it occasioned me was beyond anything I could have imagined. Mr. ——— was sent for, but he was from home, and I would not allow anyone else to attempt to pass an instrument. I consequently had no other resource than hot fomentations. After using them steadily for some hours, I was able to expel about half a pint of water with great relief. About midnight, Mr. ——— came, and he passed with ease a small sound to the bladder. This instrument appeared to me to pass in a totally different direction to that which the others had taken, and its introduction did not occasion the intense pain that the others always had produced. On Mr. ——— withdrawing it, he tried to pass a similar-sized flexible catheter; but this he could not do; so he re-introduced the sound and desired me to keep it in as long as I could. I was able to retain it for an hour and a half, as I had none of the pain which the others gave me when kept in, and indeed only then took it out because I had a desire to pass urine. The next morning, Mr. ——— passed a No. 2 silver catheter with comparative ease, and I retained it for some hours. Two or three days after this, Mr. ———, on trying, could not again pass the silver catheter; he gave me great pain, and produced some bleeding by the attempts. It so happened that another in-patient of the hospital, about this time, succeeded in passing an instrument for himself, after all attempts on the part of the surgeons had failed. I therefore determined on trying for myself, and having got a No. 1 flexible catheter, I made the attempt and succeeded. I retained the catheter for twelve hours, when it was perfectly loose in the urethra: and when I made water, it not only passed through the instrument, but freely by its sides. The following night I passed a No. 2, which I also retained for twelve hours with equal relief. On Mr. ——— coming to see me, I told him what I had done. He did not offer to pass an instrument, and that night I passed for myself with ease a No. 3 bougie, which Mr. ——— had often tried to pass without success. The next time I saw Mr. ——— I told him what I had done; he appeared hardly to believe me, and said he would try. He passed this instrument, but not so easily as I did it for myself, and then said it would be advisable to

pass a similar-sized flexible catheter, with a view to its retention. Upon his introducing the instrument, its progress was stopped before he had even got it down to the stricture, and notwithstanding all his attempts it could not be passed any further. I was in considerable pain after this operation, and there was some bleeding from the urethra. The pain continued to increase, and towards evening I found it had extended to the right testicle, which rapidly swelled; and later still I was suddenly seized with an attack of rigours. The next day I had symptoms of inflammation in the kidneys. Mr. ——— did not see me till the following day, when he ordered me some medicines, leeches to the testicle, and a large hot linseed poultice to be applied on the loins. In the course of four days, I gradually got better, but I was so weak, and my general health, which had been slowly failing before this attack, was so bad, that I now determined on leaving the hospital. I went in with a strong constitution, and nothing the matter with me but the local disease. When I came out, my constitution was undermined, and I was so weak that I could scarcely stand. The medical man who usually attended my family, declared on seeing me, that had I remained much longer, my life would in all probability have fallen a sacrifice.

“ I now placed myself under the care of my family medical attendant, who advised me to abandon the treatment of the stricture for a time, and prescribed for me medicines with a view to the restoration of my general health. In course of time, I was so far improved, that I recommenced using the instruments; beginning with No. 2 flexible catheter, I passed it easily and retained it twelve hours, without any inconvenience. From this time, I passed an instrument and retained it for twelve hours every week, till I gradually reached to No. 4. I then waited a fortnight, in consequence of having some symptoms of irritation. I at this time tried to pass a No. 5, but could at first only pass it into the stricture in consequence of spasms; but after I had retained it an hour and a half, the spasms having relaxed, I passed it readily into the bladder. I retained it eight hours. A week after this I passed a No. 6, but I found that it met with an impediment about three quarters of an inch before the seat of the original stricture. I retained this catheter about three hours. Some extra irritation having arisen, I waited another week, when I

passed No. 6 catheter through the stricture, left it there till the spasms it excited had relaxed, and then passed it on to the bladder; I retained it six or seven hours. As there was some increased irritation upon using these instruments, I thought it best not to increase their sizes too rapidly. I therefore contented myself with passing a No. 6 once a week for three weeks. At the expiration of that time I passed No. 7; it gave me pain; nevertheless I retained it for three or four hours. I passed No. 7 once a week for a month, always keeping it in till all spasms had subsided. I then passed No. 8, and a week after I again passed No. 8; I found it passed with greater difficulty—I therefore determined on waiting for a month. But I had all along considerable irritation in the urethra, and the orifice was red and swollen. Finding that No. 8 would not pass, I introduced and passed No. 7. I continued to pass this at intervals of three weeks or a month up to Christmas. But finding the irritation persisting, and no sign of improvement, I determined upon consulting you.”

Upon my first examination, I passed a No. 6 metallic bougie; there did not appear to be any considerable permanent stricture, but there was greatly increased sensibility at the bulbous and membranous portions of the urethra when the instrument passed over them, accompanied by much spasmodic grasping. The after-treatment consisted in slight applications of the potassa fusa and dilatation, by which means I was enabled to pass a full-sized bougie. Nevertheless, there always remained a considerable degree more pain than usually attends the introduction of instruments; but as it is gradually diminishing, I hope that it will ultimately subside altogether.

CASE XIII.—A gentleman who had laboured under severe strictures of the urethra for a period of ten years, came under my charge in the month of February, 1848. He informed me that when he first found he had a stricture, he was in India; that his engagement in the merchant service, compelled him to take long voyages in different parts of the world; that consequently he could only now and then obtain surgical assistance; but that, nevertheless, he had on different occasions consulted several military and naval surgeons whom he met with; that they had all made various attempts to pass instruments into the bladder,

but were uniformly unsuccessful. On some occasions, considerable force had been used in trying to pass instruments through the stricture, and great hæmorrhage had resulted from these operations. At length, in the year 1847, during a voyage home from India, he suffered so severely from attacks of retention of urine and rigours, that he resolved on remaining in England, in order to obtain the best possible surgical assistance. He accordingly came to London, and placed himself under the care of Mr. ———, surgeon to ——— Hospital. This gentleman attended him for three or four weeks, when, as no instrument could be passed, and the patient did not find himself any better, he became impatient, and, under the advice of a medical friend, he determined on consulting another hospital surgeon of the greatest eminence. As I have a written account by the patient of his first interview with this gentleman, and the whole subsequent history of the case now before me, I shall quote from it such details as I think necessary to make the reader acquainted with the essential points of this highly interesting case. The patient writes, "My friend Dr. ——— explained my case to ———, and after a close examination of the parts, they consulted together; and my new surgeon afterwards told me that my case was a most peculiar one, that he had only met with one like it in the whole of his experience, and that he did not expect ever to get a larger catheter than No. 3 or 4 into the bladder. He then passed a small wax bougie down to the stricture." Two days after this, the patient again waited on his surgeon, who made two unsuccessful attempts to pass instruments. These attempts caused a great deal of pain and some bleeding; however, they afforded him considerable relief; for he says in his written account, "After this, I made water in a small stream for the first time for two years. Before this time, I could only make it in small drops, and I never could empty the bladder, so that I felt a continual straining night and day; whereas now, I was so comfortable that I only made water three or four times a day; still the stream was very small." A period of six weeks now elapsed, during which he regularly attended his surgeon three times a week, but no instrument could ever be passed to the bladder. He suffered severely from the violent attempts that were on some occasions made to pass instruments, and almost every operation occasioned more or less

hæmorrhage. At length, a still more determined attempt was made to force the stricture with a No. 3 silver catheter, which caused the patient the most agonizing pain, and failed. His account says, "There was a great deal of blood after withdrawing the instrument, upon which ——— told me that he *had done more harm than good by the attempt, and advised me to go into the country for a short time.* Whilst I was there, finding the stream diminishing, I tried to pass a No. 2 wax bougie; I felt some pain in doing so, though no blood followed the attempt. Two days after this, I found an abscess was forming at the front of the scrotum, I therefore came up to London and placed myself under his care again. After some days, this abscess was opened; however, another formed shortly afterwards, and this was also opened. As I was now suffering severely from the state of my general health, ——— advised me to leave London for two months." The patient, in accordance with this recommendation, proceeded on a tour in Ireland, and whilst there he consulted two very eminent surgeons on his case. These gentlemen recommended him, that, as he could now void his urine in a small stream, to let well alone, and not have any more instruments used, remarking that they had never seen so severe a case. The patient returned to London in January, 1848, and consulted two other surgeons, who, after trying in vain to pass an instrument, recommended him not to allow any more attempts to pass instruments to be made. However, as he found the difficulty in urinating to be gradually increasing, he again applied to the surgeon to whom his friend, Dr. ———, had introduced him. This gentleman, on three different occasions, passed a No. 2 silver catheter beyond the stricture, but not to the bladder. The patient in his account says, "After these operations, there was a great deal of blood discharged, and the irritation which they caused was excessive for some days after each operation. Finding" (he continues) "no increase in the stream of water to result from these operations, and that ——— was using more force than I thought consistent, I gave up going to him, through fear of this and the pain he put me to. Having shortly after heard from my friend Mr. ———, of your successful treatment of his stricture, I am induced to consult you, in the hope that you may succeed, under Providence, in giving me that relief which I have sought for in vain from others.

The following is an account of the patient's state when I first saw him :—

He was labouring under the congenital deficiency of the urethra, termed hypospadias. There were three parts of the urethra—the first about half-an-inch from the orifice of the canal, the second about an inch, and the third just behind the anterior part of the scrotum, where it is joined to the penis, at which such considerable indurations existed, as not only to be readily felt, but also to be visible to the eye. But it was at the last-named part that the swelling and induration were most extensive, and it was here that the abscesses already mentioned had formed. There was likewise considerable indurated enlargement in the perineum, just behind the scrotum. The spongy body of the penis was studded with knotty indurations. The urine was voided in a thread-like stream.

Upon introducing a bougie, its progress was stopped about an inch from the orifice. A very small one, however, was passed down to a second impediment, which appeared to be the principal stricture, being at that part of the urethra where the induration was greatest. The point of the instrument, in its passage down the canal, continually got entangled in what appeared to be little gristly openings. However, on partially withdrawing the instrument, and directing its point in a different direction, the instrument was at length, as I have said, passed down to the principal stricture. For six weeks, during which time the patient resided in my house, attempts were carefully made to pass instruments into the bladder, but without success. He also rubbed in iodine ointment over the region of the indurations, and had leeches applied on the perineum. The result of this treatment was, that the patient certainly voided his urine better, and the indurations were much lessened. Still, as no instrument could be passed, the patient began to despair of any successful issue to the treatment with bougies; and as the employment of the potassa fusa was out of the question, in a case where no care could prevent an instrument from slipping into the false openings which existed, he became anxious to have an operation performed, which had some months before been incidentally suggested to him by Mr. ———, whom he had consulted once or twice on his case. However, as I

did not see my way very clearly from the patient's account, I, at his request, made an appointment with Mr. ———, in order to ascertain the exact nature of the proposed operation. On this gentleman's meeting me, I learnt that the operation suggested was to open the urethra, by external incision, through the perineum, behind the seat of induration; then endeavour to pass an instrument through the opening thus made into the canal, and then forwards through the strictures. On receiving this explanation, there appeared, to my mind, so many objections to the proposal, that I did not feel myself justified in giving it my sanction; and, indeed, on Mr. ———'s seeing the improvement which had taken place in the patient's stream of urine, he readily expressed his opinion that, at all events, it was not necessary that the patient should submit to the operation at present. Having myself the utmost confidence that the strictures were permeable to an instrument, if, in its introduction, it escaped becoming entangled in the false passages, I directed the patient to void urine, and, at the same time, close the orifice of the urethra, so as to distend it to its utmost with the accumulated urine. Having then carefully noted the course of the distended canal through the mass of indurations that existed, I proceeded to pass an instrument in as nearly as possible a similar direction; and, after experiencing some difficulty, I succeeded in passing a No. 1 silver catheter into the bladder. The operation did not occasion even the slightest bleeding. The catheter was retained for eight-and-forty hours. As Mr. ——— had expressed a wish to be informed of the result of the case, I wrote to him to inform him that the patient was in bed with a catheter retained in the bladder, stating also the time when I purposed to change it for a larger one, and, at the same time, inviting him to be present. He accordingly called upon me at the time named, and saw me withdraw the one first passed, and replace it by a larger one. In three weeks from this time the patient could himself pass a full-sized catheter to the bladder. I have repeatedly seen and heard of him since his leaving my care, the last time in October, 1857; and he was then perfectly well. He is married, and a father.

CASE XIV.—At the same time that the above case was under

my care, I had also residing with me for treatment, Major M——, of the E.I.C.S. He had, many years before I saw him, laboured under stricture, and he consequently returned from India to obtain proper surgical assistance. He placed himself under the care of the late Mr. Key, who treated him so successfully, that he returned to India, apparently well. However, in the course of years, he found the stricture gradually re-forming; and about two years before my seeing him, it had become so bad as to compel him to return to England a second time. He again placed himself under the late Mr. Key. There was much difficulty experienced, and considerable force employed, in the attempts that were, from time to time, made to pass instruments through the stricture. At length, bougies were passed beyond the obstruction, and, apparently, to the bladder; but, nevertheless, the patient did not void his urine in any better stream. During the course of these operations, he had repeated attacks of rigors; and, at last, his general health was so seriously affected, that Mr. Key recommended him to go into the country. Whilst there, he found himself suffering from much pain in the perineum on passing urine, and gradually, a considerable swelling formed in that region. He now returned to London; and, on an attempt being made to pass an instrument, it could not be introduced beyond the original seat of stricture. From this time to my seeing him, he had been under the care of two or three different surgeons, who had all failed in their attempts to pass instruments to the bladder. On his placing himself under my care, I found that there was an enormous indurated enlargement occupying the whole perineal region. The urine was, for the most part, voided only in drops, but sometimes it would be discharged in a very fine stream. A remarkable circumstance was, that, immediately on the urine beginning to pass, he experienced a sensation of titillation in the perineal swelling, and as it continued to flow, the penis would gradually enlarge, and, long before it was all voided, become perfectly erect and rigid.

The treatment adopted in this case was that of prolonged dilatation, with the occasional application of the potassa fusa. After six weeks' treatment, a small silver catheter was passed to the bladder. Three weeks after this, the patient could pass for

himself a full-sized bougie or catheter, when he left my care. However, I saw him a few months afterwards, just previous to his return to India. He continued perfectly well. The only inconvenience he had, was the trifling one, of passing, in accordance with my recommendation, an instrument once a month, in order to prevent any return of his disease.

CASE XV.—A highly respectable farmer, resident in the county of Essex, had, for a period of twenty years before the occurrence of the events I am about to relate, laboured under some symptoms of stricture. But it was not till eight or nine years of that period had passed over that he first sought surgical assistance. At that time, the difficulty in passing his urine was so great, as to induce him to come up to London, and place himself under the care of the late Mr. Andrews, of the London Hospital. This gentleman, having in vain tried to pass different sized wax bougies through the stricture, succeeded in passing a No. 6 silver catheter to the bladder, though not without experiencing great difficulty, and the employment of so much force as to inflict excessive pain on the patient. On the first occasion the patient had to urinate after this operation, he suffered considerable pain, and the urine was bloody; and on the second, he found himself unable to void even a drop. This attack of retention, after lasting four hours, was suddenly relieved on the discharge of a quantity of coagulated blood from the urinary passage. However, although now able to urinate, he, for some days after this, experienced considerable difficulty in doing so. At the next operation, the same instrument was passed without causing either bleeding or any particular pain. Instruments were now regularly passed twice a week for a period of six weeks; when the patient ceased his attendance, as he did not find that the power of urinating increased by the use of the instruments. A short time afterwards the difficulty in urinating was as great as ever, and he returned to London and consulted another hospital surgeon of great eminence in the profession. This gentleman attempted at first to pass a large silver catheter; but in that he failed, after having put the patient to great pain. He, however, succeeded in passing a smaller one with ease, and he then informed the patient that he considered the difficulty in

expelling the urine, arose from the loss of contractile power in the bladder. He further recommended the patient to pass a flexible catheter every night to draw off any accumulation of urine that might occur, and to persist in this treatment till he could again urinate naturally. After the patient had steadily pursued this treatment for several months, he was able to void urine so well that, thinking himself cured, he altogether relinquished the use of instruments. However, in a few months' time, the difficulty in urinating gradually returned, and at length he was suddenly attacked with a total retention. In this emergency, he sent for a neighbouring surgeon, who relieved him by the introduction of a catheter. After this, he was able to urinate for a short time, but only with great difficulty, and he had again, on a sudden, another attack of retention. A surgeon was called in, and the attack was this time relieved by the mere introduction of a bougie.

As the surgeon was taking his departure, he requested him to leave him a few bougies in order that he might pass them for himself in the event of another attack of retention occurring. His fears proving correct, he relieved himself by passing one of the bougies which the surgeon had left. From this time he recommenced passing instruments, and such was now the difficulty in urinating, and the spasmodic state of the urethra, that he was often obliged to pass an instrument four or five times in the course of twenty-four hours, in order to expel his urine. He now never dared leave his home without carrying a bougie with him. He remained in this miserable condition for some years—sometimes able to pass a fair-sized bougie, at others only able to pass one of the smallest. At length he became unable to pass any instrument. His urine was now constantly and involuntarily dribbling from him, and he could only urinate by first passing a bougie down to the stricture. Some time after he had continued in this distressing condition, he had an attack of swelled testicle, and he also found that a swelling was forming in the perineum. This gradually increased. Whenever he passed urine, he felt great pain in the swelling, and at length it was so excruciating, that every time after passing water, he was obliged to lie down for half an hour or so. In this state he came up to London, and placed himself under the care of Mr. ———, surgeon to one of

the Eastern Metropolitan Hospitals. This gentleman ordered a dozen leeches to be immediately applied to the testicle. He did not detect the swelling in the perineum, and the patient neglected to call his attention to it. On the following day, Mr. —— made an unsuccessful attempt to pass a sound; and these attempts were continued on alternate days for a fortnight without success. The swelling in the perineum had in the meantime continued to increase, and was now exceedingly tender to the touch and inflamed. Mr. ——'s attention was now directed to the state of the perineum; he immediately punctured the tumour with a lancet, whereupon a small quantity of pus escaped, and when the patient next made water, a portion of the urine was discharged through the opening thus made.

After the lapse of another fortnight, during which attempts were regularly made to pass instruments, Mr. —— informed the patient that he had a bad false passage, which he must have made himself before he came up to London. This intelligence so alarmed the patient that he determined on withdrawing himself from Mr. ——'s care, and on seeking the assistance of the gentleman whom he had consulted before, and who had recommended him to use the catheters, as already related. At the patient's visit to this gentleman, a flexible bougie was passed its whole length, and apparently to the bladder; so that the surgeon declared the case to be one that would readily yield to his treatment. However, on the next visit, the surgeon made an unsuccessful attempt to pass a metallic instrument, whereupon he remarked that the case was a more serious one than he had anticipated. At the third visit, the patient called his attention to the state of the perineum. Immediately on the surgeon seeing the swelling which existed, he said, it must be laid open, and thereupon made a deep and free incision to its whole extent; there was a fearful hæmorrhage from the parts. When it was arrested, some lint was inserted in the wound, and the patient told he might take his departure; and in reply to his inquiry, as to whether he should remain in town or return home, he was told he *might please himself*. Having crawled out of the surgeon's house to a cab stand, he was driven in the greatest agony to the Eastern Counties Station, whence he proceeded to the station nearest his own residence, and actually walked a part of the

way home, notwithstanding the pain he was labouring under. He arose the next morning, after having passed a most disturbed night. He withdrew the lint from the wound, from which was emitted a most offensive odour. He remained at home for four days, doing nothing, except bathing the parts frequently with warm water. He then again went to his surgeon, who made another unsuccessful attempt to pass an instrument through the stricture. From this time, for a period of between two and three months, he came regularly to London, twice a week, to see the surgeon, who on each visit made hasty and violent attempts to overcome the stricture. These attempts were sometimes made with such considerable force as to occasion the greatest pain. Each visit, however, never lasted more than five minutes. The surgeon now thought it necessary, that the fistulous opening, which still existed in the perineum, should be laid open throughout its whole extent, and he therefore desired the patient to make arrangements to remain in town for some time.

It was at this stage of the case that I first saw the patient, in consequence of his calling on me, by the advice of a friend of his own, who had been a patient of mine. However, as I found he was still a patient of another surgeon, I contented myself with recommending him to take lodgings in London, and act in accordance with the wishes of the eminent surgeon whose care he was under. Some months after this, the patient called upon me again, in order to ask if I would undertake the treatment of his case.

I then learnt that he had taken lodgings, in accordance with the desire of his surgeon—that the proposed operation was performed—and that, four days afterwards, a catheter, by the employment of great force, had been passed through the stricture into the bladder, but not without causing some hæmorrhage. However, on the next attempt, no instrument could be passed, although great force was employed in the endeavours to pass it. These attempts were so painful that the patient groaned with the agony which they occasioned. A profuse bleeding also resulted from them. At the next visit, a catheter was passed into the bladder, but only after great force had been used. This operation was intensely painful, and produced blood. From this time, instruments were regularly passed, for a period of three

weeks, at intervals of two or three days. They were, however, never passed without causing pain, and producing more or less bleeding. The urine was voided more freely; yet, so large a quantity escaped by the fistulous openings, as to compel the patient, whenever he urinated, to hold a large sponge to them, in order to receive the urine which thus escaped. He now returned home, continuing, however, to come to London regularly twice a week to have an instrument passed. Notwithstanding that instruments could now always be passed, yet their passage was never effected without great force being used to make them advance beyond the original seat of stricture.

It thus appeared to the patient that the instruments were passed, through the stricture, by sheer manual force; and in this opinion he was confirmed by the circumstance of his calling one day on his surgeon, and finding another gentleman attending in his place. This gentleman tried in vain to pass an instrument beyond the stricture, using only moderate pressure to urge it through. At length, on one occasion there was more than the usual difficulty experienced in passing an instrument, and, in consequence, a still greater degree of force was used in urging it forwards—greater pain than ever was inflicted on the patient—and a more profuse bleeding than at any former period followed the withdrawal of the instrument.

Utterly disgusted with the manner in which the instrument was passed, after three months' treatment, he determined on withdrawing himself from this gentleman's care, and placing himself under my charge. On examining the urethra, I found it impossible to pass an instrument through the stricture, but that it readily passed along a false passage which existed. The treatment which I adopted was that of dilatation. Thus, when I had succeeded in passing a cat-gut or other bougie well into the grasp of the stricture, I did not attempt to force it through, but allowed it to remain in that position as long as circumstances would permit. On no occasion was any bleeding or other untoward symptom produced by this mode of treatment. This plan was steadily persevered in, till a catheter could be passed with ease to the bladder. Instruments were then retained, till a full-sized catheter could be passed, according to

the system of prolonged dilatation detailed in some of the preceding cases. After the patient had been something more than two months under my care, he was able to return home. For some time he regularly passed instruments for himself, only occasionally calling upon me to do so. The sole remaining inconvenience from his disease was, the non-healing of the fistulous openings, and the consequent discharge of a small quantity of urine through them.

Thus relieved, in a great degree, from his troublesome complaint, he gradually became careless with regard to passing his instruments; and the result was that he, at length, found himself unable to pass any. Seriously alarmed at this result of his inconsiderate conduct, he came and requested to be admitted to my house for treatment. After three weeks' treatment, similar to that which I had first adopted, instruments were again passed through the stricture. The patient was now very anxious that some steps should be taken with the view of healing the fistulous openings. Accordingly, I determined on retaining catheters, in the hope that, if all the urine were evacuated through them, these openings would close. But, notwithstanding that flexible catheters were retained for three weeks, with scarcely any intermission, the fistulas still remained open. He then left for the country, but returned after a short time in order to try if the retention of full-sized silver catheters would prove, as I had suggested, more efficacious than the retention of flexible ones. The treatment with silver catheters was commenced on the 17th December, 1845, and continued, with only a few days' intermission, to January 24th, 1846, when he returned home, the fistulous openings having healed.

From this period he continued to pass instruments for himself for some time. One night, on going to bed, he fancied he did not void his urine as freely as he ought, and he determined on passing an instrument; and having, as he thought, taken a bottle of oil from a cupboard, he dipped the catheter into it, and then proceeded to introduce the instrument. He immediately experienced great pain, and the instrument did not pass with its usual facility down the canal. Thinking, therefore, that he had not oiled it enough, he again dipped into the oil, as he supposed;

but, on re-introducing it, he had greater difficulty, and more pain than ever; nevertheless, he passed the instrument down to the seat of the stricture, but could not pass it through, in consequence of the violent spasms which its presence created. Wondering at these unusual symptoms, it suddenly struck him that he must have made a mistake in the bottle. He instantly withdrew the instrument, and, on examining the bottle, he found its contents to be *strong oil of vitriol*. He suffered severely from the effects of this accident; the difficulty in urinating returned. As soon as the violent inflammation, which had resulted in the urethra, was subdued, I found that it was only with great difficulty that a No 2 catheter could be passed, instead of a No. 7. However, after a time, he was able, by his own treatment, to pass a No. 6 silver catheter. He now rides on horseback, and attends to all the duties required of one in his position, as a large farmer, and is as hale as most men at his time of life.

CASE XVI.—The following letter, written by the patient, will furnish the reader with as good an account of the case as I could give:—

Battle, Sussex, Feb. 18, 1843.

“MOST DEAR AND KIND SIR,—According to your request, I send you a few particulars respecting the miserable and afflicting complaint, with which I had been troubled for more than twenty years, before I was fortunate enough to fall into your skilful and tender hands. The first time that I felt any obstruction in my water was about twenty-five years ago, as nearly as I can recollect, when, wanting to make water, but not being in a convenient place for some time, I held it so long, that, when I tried, I could only get it away in drops. I went directly to a medical gentleman, who passed a bougie with very little difficulty, and I passed a great quantity of water as well as ever, and continued to do so for some time; but, by degrees, I found the stream get smaller. It continued so to do for some years; but, not giving me much pain, I neglected to go to a doctor, not knowing the consequences. At length, however, I could not pass my water without straining, when I applied to Mr. ———, surgeon, who was unable to pass any instrument. This was some twelve or fourteen years before I saw you. Mr. ———

told me he could cure me if I would submit to his treatment, without crying 'halt,' which I readily agreed to. I then went to him every other day for three months, and he applied the lunar caustic. He then said that he must give me up, at least for a while, or he should quite kill me. I was then scarcely able to get out at all; but, after he left off his operations, I continued to get stronger, and, in a short time, could pass my water better, but still very slowly. I continued to improve a little till 1830, when we had so much rioting and burning of property, that I was for some time employed as a watcher, and much exposed, both night and day. I suspect that I over-exerted myself; for, after that time, I continued to get worse. I used to be taken with cold shivers (meaning rigors) very suddenly, so that I was unable to get home without assistance, and I then suffered so severely for twenty-four hours, that I was unable to go to work again for many days. I now had frequent retention of urine; sometimes it would take me as long as six minutes to pass as much as a wineglassful; and, at the best of times, when I called myself well, it would take me from five to ten minutes to pass even half-a-pint. You can, I assure you, have no idea of the pain I suffered in passing my water for the last twelve years before I saw you. So great was the straining and exertion required, during the whole of that time, to force the urine through the stricture, that I never passed my water without forcing down a portion of the bowel from behind,—sometimes to a most alarming extent,—so as to require great force to be used in returning it, which gave me severe pain.

“At length, I was so worn out with my sufferings, and seeing no hope of relief from any other means, that, by the wish of Mr. Martin, I made up my mind to enter Guy's Hospital. As you are aware, I did so; and, after I had remained there five weeks, during which time many unsuccessful attempts were made to pass instruments, from which I endured great pain and bleeding, they told me they could not do me any good, unless I would submit to have the stricture divided, by cutting down on the passage from the outside. I consented; but, as they said I was not strong enough to submit to the immediate performance of the operation, I returned, by their advice, into

the country, in the hopes that my general health would improve, so that the operation might be performed. Mr. Martin's generous assistance, and your successful treatment of my case, rendered it unnecessary for me to return to the Hospital; for, in eight days after you first operated on me, you effected what all the other doctors could not do for twenty years—that is, you passed an instrument into my bladder, and, in three weeks from the first operation, you passed a No. 10 bougie, and I could pass my water nearly, if not quite, as well as ever I could in my life. All this you accomplished without giving me any pain at all to be compared with what I had suffered before.

“I remain, honoured Sir,

“Your very grateful Servant,

“WILLIAM MEPHAM.”

As the reader is aware of the result of the treatment, I have only to describe it as briefly as possible.

The treatment was commenced by passing down to the stricture a full-sized bougie, armed with the potassa fusa, which was kept firmly pressed against the obstruction for some minutes. After the armed bougie had been thus applied three times, I succeeded, on the seventh day of treatment, in passing a small cat-gut bougie well into the stricture. I now determined on leaving the instrument in its situation; and, having administered to the patient an opiate enema, I left him, desiring that he would send for me as soon as he had occasion to urinate. It was some hours before he required my attendance; when he did, I found the bougie still held firmly in the grasp of the stricture. I proceeded to slowly withdraw it, directing the patient, at the same time, to attempt to void his urine, which he did; and, on the instrument being completely withdrawn, the urine rushed out in such a stream as the patient had not seen for some years. There was not the slightest pain or bleeding afterwards. Under these favourable circumstances, I determined on the immediate introduction of another cat-gut bougie, of a somewhat larger size. This was retained until I saw him at a late hour in the night. On its withdrawal, the urine was discharged as freely as before. Another cat-gut bougie

was introduced, with directions that it should be retained, if possible, till I saw the patient on the following morning. The instrument was retained as I wished, and, on my withdrawing it, the urine passed with great force and rapidity. Assured from this that the stricture was sufficiently dilated to admit of the passage of a catheter, I now selected a No. 2 flexible one, that being about half the diameter to which the cat-gut last retained had swollen, and which I, therefore, judged would be likely to slip through the stricture, without the risk of exciting and being arrested by any spasmodic action. In this opinion I was correct, as the catheter at once glided through the stricture to the bladder. It was fixed in, and retained for a period of twenty-four hours. From this time the patient was able to void his urine with perfect freedom, and without the slightest pain. During the two following weeks he continued to progress favourably; and, at the expiration of that period, a No. 10 metallic bougie could be passed. Unfortunately, he now had an attack of swelled testicle, of such severity, that he was confined to his bed for three weeks. On his recovery from this attack, he was so reduced, that I deemed it prudent to suspend all treatment, and send him into the country to recruit his general health. On his return, two months after, I could only pass a No. 8 bougie. However, I soon succeeded in passing the full-sized bougie, and discharged him cured.

I heard from a gentleman, who came up from the neighbourhood, in January, 1849, to place himself under my care, in consequence of hearing of my successful treatment of this case, that the patient continued perfectly well, occasionally, however, passing instruments for himself.

CASE XVII.—I received the subjoined letter on the 20th of May, 1844 :—

“Somersetshire, May 19th, 1844.

“DEAR SIR,—Having lately purchased and perused your book on strictures of the urethra, and, as I am myself suffering from, I fear, extensive and long-standing disease in that canal, I am desirous of consulting you. I do not now enter into particulars, or give you a history of the case, as I prefer doing that when we meet. My principal object, therefore, in now addressing

you, is to ascertain, whether or not I can have an early interview with you, and what hour will be most suitable to your convenience ?

“ I will now only add, that should you be of opinion, you can afford me *only partial relief*, I have made up my mind to place myself under your care and management.

“ I remain, dear Sir,

“ Your obedient and humble Servant,

“ J. M., *Surgeon.*”

On this gentleman's coming to London, I learnt, that about seventeen years before my seeing him, he had, whilst hunting, struck the perineum against the pommel of his saddle. This accident brought on an attack of swelled testicle, as well as some swelling in the perineum. Under proper treatment, the more urgent symptoms resulting from the accident were removed ; but there remained ever after a slight induration of the perineum. It was not, however, till some six or seven years after this, that he began to experience difficulty in urinating. However, he totally neglected adopting any treatment to arrest the progress of his disease, but on the contrary, not only continued to take a great deal of horse exercise in the course of his professional duties, but availed himself of every opportunity that offered of riding with the hounds. As the difficulty in urinating, the natural consequences of this neglect and imprudence, continued to increase, he began to experience great pain in voiding urine, both in the urethra, and the region of the induration in the perineum. He now attempted to pass an instrument, but the urethra was so exquisitely sensitive, that he was compelled to withdraw it before meeting with any material impediment to its progress. From this time forth, notwithstanding that the difficulty in urinating increased, till it ultimately nearly amounted to an impossibility, he never attempted to pass an instrument. Besides all these distressing symptoms, he became subject to attacks of violent rigors, which, after continuing with unusual severity for hours, would leave him in such a state of collapse, that his medical friends frequently doubted his recovery from them. Notwithstanding that he was now obliged, from the impaired state of his health, to give up his professional pursuits

in a great measure, he yet neglected having recourse to proper surgical treatment, though perfectly sensible he was hourly getting worse, and that he must ultimately either submit to proper treatment or sink into a premature grave. His explanation for this strange conduct was, that he did not think any surgeon in his own neighbourhood had had sufficient experience in such cases to treat him, whilst the remembrance of the violence he had, when a pupil, seen used by some London surgeons in passing instruments, inspired him with an unconquerable fear and aversion to trusting himself in their hands. He now became subject to sudden attacks of violent convulsive twitching of the arms. Meanwhile, the induration in the perineum had increased to a considerable tumour. The urine was voided in drops, or in the smallest possible stream, and the desire to urinate was incessant both night and day, whilst the pain was intense both in the urethra and perineum, and the attacks of rigors, and painful spasmodic affection in the arms, were frequent and most alarming. He was greatly emaciated, and, in short, he had all the appearance of a man rapidly sinking into his grave.

Finding him in this deplorable condition, I strenuously advised him to lose no time in submitting to proper treatment. However, I found he was so fearful of my using force, and also so doubtful as to what might be the effect of the potassa fusa, should I deem it expedient to apply it, that having in the course of conversation learnt, that he came from a neighbourhood where Admiral ——, and his son, Captain ——, resided, who had been both patients of mine, I urged him no further to submit to my treatment, but recommended him to inquire from them as to the result in their cases.

He accordingly returned home, and as soon as possible after, I received a letter from him saying, that, having seen my old patient, Captain ——, he was now most anxious to come up and place himself under my care, if I would receive him as an in-patient in my house. Not, however, having a vacancy at that moment, he postponed coming up immediately, notwithstanding that his sufferings were very great, and that the swelling in the perineum was getting larger and more painful than ever. Thus matters remained till I was suddenly requested to proceed into Somersetshire to the patient, who was lying in a most dangerous

state. On my arrival, I found that he had had several severe attacks of rigors, accompanied by convulsive spasms of the extremities. The swelling in the perineum was greatly enlarged, and there was considerable tumefaction extending up to the left groin, and over the pubes towards the right. The tongue exceedingly foul. Frequent gaping and yawning, followed by violent convulsions of the whole body. On a deep incision being made into the perinæal tumour, there was immediately discharged a large quantity of greenish pus, emitting the most putrid odour. For a period of forty-eight hours after this operation, the patient had constantly recurring attacks of convulsions, which frequently left him, on their temporary cessation, in such a state of collapse, that we expected that every attack would be fatal. However, the free administration of brandy and other stimulants, and mustard-baths to the extremities, rallied him, and under their steady use the attacks gradually lessened in frequency and severity. In the course of twenty-four hours more, there only remained occasional slight spasmodic contractions of the extremities, the same that he had had before. These also ceased in the course of a few hours more, and on the following day he was so much improved, that I returned to London.

In the course of a fortnight, he was able to be removed up to town to my house. Upon examining the urethra, I found a stricture existing about three inches down the canal, through which I was unable to pass even the smallest instrument. After two or three different attempts, made at intervals of two days, I was able to pass an exceedingly small flexible catheter through the stricture, but on its arriving as far down the urethra as the "bulb," its further progress was stopped by a second stricture; however, after some difficulty, the catheter passed through this obstruction to the bladder. The treatment adopted in this case was that of prolonged dilatation, by the retention of catheters, aided by occasional applications of the potassa fusa. As, however, the patient's progress was unchecked by a single untoward symptom, it is sufficient to state, that in eight weeks he was entirely and completely cured.

I have frequently heard from and seen him since; the last time was about two years ago. He was then in perfect health, and free from all symptoms of stricture.

CASE XVIII.—I received the following communication in due course after its date :—

“Avranches, La Manche, France, Nov. 15th, 1846.

“SIR,—I am very anxious, at the urgent recommendation of my friend, Dr. Hairby, (with whom I believe, you are acquainted,) to place myself under your care.

“I have suffered for some time past from fistula in perinæo, and ought to lose no time in obtaining relief.

“May I beg you to inform me what your arrangements are for receiving patients, and whether it will be convenient for you to see me in a fortnight or three weeks, by which time, I think, I shall be strong enough to travel.

“I am, Sir, your obedient Servant,

“J. M.”

“Avranches, December 6th, 1846.

“DEAR SIR,—I am obliged by your letter of the 23rd of November. I had hoped to be with you ere this, but have been laid up with an attack of rheumatism in my hips and loins. It is now much better, and I fully expect to be able to start on Saturday next, and, if I am lucky, to be in London on the following Monday, about mid-day.

“I hope that you will be able to receive me in your house, as it is in many respects most desirable; but, if you have no vacancy at present, may I beg you to procure me a lodging as near you as possible?

“I shall bring my valet with me, who has been a most valuable and, at times, an indispensable nurse to me.

“Yours, very faithfully,

“J. M.”

In accordance with arrangements made, the patient arrived at my house, December 16th, 1846. Before giving an account of the deplorable condition he was in on his arrival, I shall give the history of his case, and its progress up to that time, his age being then 47. Twenty-five years before my seeing him he first experienced symptoms of stricture. They were not, however, very urgent, and for about twelve years they remained so slight,

that, in the interval, he did not think it necessary to obtain surgical assistance. About this period he had at different times, two severe attacks of retention, for the relief of which a surgeon attempted to draw off the urine with a catheter, though without success. They were, however, relieved by the administration of opium, and the use of hot baths. From this time the difficulty in urinating assumed so excessive and constant a character, as to convince him of the necessity of having recourse to measures for the removal of the stricture. Accordingly, he came to London, and placed himself under the care of a surgeon, who, for the space of six weeks, made brief but unsuccessful attempts, on alternate days, to pass an instrument through the stricture. However, these attempts, unsuccessful as they were, enabled him to void his urine with less difficulty and pain than before.

In this state he returned home, and for a period of two years totally neglected all treatment, hunting and shooting all this time as though he had no disease. At last he began to experience considerable uneasiness and pain in the perineum. He also became subject to sudden and violent fits of rigors, amounting on some occasions to as many as three during the four-and-twenty hours, and causing, from the severity of the febrile symptoms and constitutional disturbance, attacks of delirium. Under medical treatment, and the administration of the bisulphate of quinine and opium, the attacks of rigors were mitigated in number and severity. He now resolved to submit to a regular course of operations for the removal of the stricture. These were continued for six months, only interrupted by occasional attacks of rigors. During the whole of this period, no bougie could be passed lower down the urethra than four inches. Nevertheless, the patient, as on a former occasion, was able to void his urine better; and his general health was likewise improved.

He then suffered four months to elapse, without adopting any further treatment, during which he remained pretty nearly in the same state. However, the attacks of rigors became once more both frequent and severe. At the same time, he remarked a slight swelling in the perineum, and experienced, on urinating, great pain in that region. This swelling gradually increased,

accompanied by attacks of rigors and such general constitutional disturbance, as to confine him to his bed, and to excite considerable alarm in the minds of his friends and medical attendant. At length, evident symptoms of suppuration appearing, it was determined to make an incision into the enlargement, on the right side of the perineum. This operation was followed by a considerable discharge of pus; and on the patient's next urinating, the urine escaped freely by the opening. Shortly after this, a large swelling appeared on the left side of the perineum. This being opened, pus was discharged, and urine escaped by it, as also by the opening on the right side. Thus, two fistulous openings were formed. After this, his health was somewhat improved; the difficulty of passing his water by the natural channel had, however, augmented, so that much the larger portion of it escaped by the fistulous openings. In this state he remained for about a year, without having recourse to surgical treatment, though subject all the while to frequent attacks of rigors, which, on their occurrence, confined him to his bed. He had some time before left England, and was now residing at Avranches, in Normandy; but, having no confidence in the local surgeons, he determined on going to Paris. There he placed himself under the care of an eminent French surgeon to whom he had been recommended. Under this gentleman, who was surgeon to his late Majesty the King of the French, he remained three months, during which time repeated attempts were made to pass instruments into the bladder. But, although they were passed down the urethra their whole length, and considerable force used, all these attempts proved abortive. In the meantime, the patient suffered the most excruciating pain, and had frequent attacks of rigors. Circumstances preventing his remaining any longer in Paris, he returned to Avranches. For some time after his return, he voided his urine much better than he had done before going to Paris, and a much smaller quantity escaped by the fistulous openings. This amendment, however, was not of long duration; for all the former difficulty and pain gradually returned; and in the interval, the discharge of urine by the urethra diminished, and that by the openings in the perineum increased. Moreover, his sufferings were much aggravated by the successive formation of small abscesses in the

perineum and scrotum, by which, as by those previously formed, the urine escaped. At last, the indurations spread to such an extent as to embrace the whole of the perineum, and a great portion of the scrotum. Four or five years had now elapsed since he left Paris, during which time he had, with perverse obstinacy, refrained from seeking surgical advice; and the grave consequences to be expected from this neglect gradually developed themselves. The quantity of urine passed through the urethra, decreased from day to day, until a far greater proportion of it was voided by the fistulous openings. These openings amounted to five in the perineum, and four in the scrotum; thus making in all nine fistulous openings. The attacks of rigors were daily; and to state in one concise sentence the dire amount of his sufferings, his life was one scene of unmitigated agony.

Deplorable as his condition now was, his sufferings did not stop there. He was doomed to have them aggravated by the extravasated urine penetrating to the left groin, where it caused a considerable swelling. The patient told me that, to give only a faint idea of the pain he thenceforth experienced on urinating, would baffle all the power of language. The intense pain was no longer confined to the region of the urethra, perineum, and groin, but extended down the left thigh and leg, to the sole of his foot. Reduced to this frightful state, and having no confidence in the French medical men of the place, the consolation he felt from a nephew of the distinguished Irish surgeon, Sir P. Crampton, visiting some friends at Avranches, may be more readily imagined than described. This gentleman opened the swelling in the groin, besides kindly rendering other professional assistance to the patient. From this opening a large quantity of pus was discharged; and when he urinated, the water flowed through it. His kind surgical friend, to whose skill and attention, he in all probability, owed his life, could unfortunately not remain longer at Avranches; and he was once more left to his own resources.

Previously to these events, he had been recommended by Dr. Hairby to visit London, and place himself under my care. Having now become seriously alarmed, he wrote to me the first of the preceding letters. Between it and the receipt of my

reply, he was deprived of the use of the lower extremities, by an attack of paralysis. In consequence of this attack, he delayed his departure for England, hoping that it would subside. Disappointed in this hope, and determined at all hazards to make an attempt to reach me, he accordingly, in spite of the difficulties and sufferings attending so long a journey, set out, and succeeded in reaching my house on the evening of the 16th of December, as above stated; and managed, with the assistance of his valet, and a pair of crutches, to crawl into the house.

Such was the condition of the patient on his arrival. Upon examining him the following day, I found an enormous and somewhat pendulous tumour, occupying the whole of the perineum and a part of the scrotum, and so large as to prevent his closing his thighs. There was also a considerable swelling in the left groin, which extended over nearly half the inside of the thigh. The enlargement in the perineum and scrotum, besides the nine large fistulous openings already mentioned, was perforated by innumerable small ones, from which pus and urine were constantly oozing, exhaling the most offensive odour. Superadded to these, were two large openings in the groin, discharging a mixture of pus and urine. Scarcely any urine passed by the natural passage, but escaped, almost exclusively, through the apertures in the perineum, scrotum, and groin, and thence, whenever he urinated, ran down the insides of both thighs.

Upon examining the urethra with an instrument, I found it was only pervious for an inch and a half, to a flexible catheter, not so large in diameter as a good-sized straw. A few days after his arrival, and before he had sufficiently recovered from the fatigue of his journey, to admit of any local treatment towards the removal of the strictures, the swelling in the groin gradually extended down the inner side of the thigh, to within two inches of the knee. There were now indications of a fresh formation of pus, accompanied by general constitutional disturbance, by convulsive twitches of the extremities, spasmodic affection of the chest, difficulty in breathing, and great nervous excitement. These symptoms were so severe as to excite very serious apprehensions for his life. The free administration of ammonia and opium, checked and relieved these alarming

symptoms; and, upon a free discharge of pus, both from the old openings and from a fresh one in the left thigh, they gradually subsided. For a month after his arrival, his general health prevented any treatment with a view to the cure of the strictures, beyond a few brief and unsuccessful attempts to pass instruments. At this time, his health and local state were so far improved by the administration of quinine and opium, the assiduous employment of fomentations, and the applications of linseed poultices, mixed with a small quantity of chloride of lime, as to enable me to turn my attention to the treatment of the strictures.

On a mature consideration of all the circumstances of this case, (the exceedingly indurated condition of the urethra, which extended from its orifice to and commingled with the mass of induration existing in the scrotum and perineum, and the number of fistulous communications and openings between the perineum, scrotum, groin, and the urethra,) I determined on trusting entirely to prolonged dilatation with cat-gut bougies and flexible catheters.

I, therefore, passed down to the first stricture, situated at an inch and a half from the orifice, a cat-gut bougie, but made no attempt to pass it further, merely allowing it, at each operation, to press against the obstruction for upwards of an hour. By perseverance in this mode of treatment for a fortnight, three obstructions were successively removed, and an instrument could be passed down the urethra to the extent of four inches, where its progress was stopped by the original and principal stricture. On pressing an instrument against this obstruction, it was felt to be most firm, with a corresponding induration of the surrounding parts. Upon the point of an instrument being partially introduced into the stricture, it was grasped with great force; and, when I attempted to withdraw it, it was held as if in a vice. On several subsequent occasions, cat-gut bougies were partially passed through the stricture, and allowed to remain therein for periods varying from one to four hours. The patient now voided his urine much better; but, as the instruments had not penetrated the stricture any further than at first, I determined on keeping a cat-gut bougie continually in it, for as long a period as the patient could bear it.

Preparatory to adopting this treatment, I administered an aperient over night. On the following morning, after its action had ceased, I gave an enema of forty drops of Squire's solution of the bimeconate of morphine, and then passed a cat-gut bougie into the stricture, where it was retained till the patient had occasion to void his urine. Half an hour after he had urinated, another cat-gut bougie was passed, and, like the first, retained there. In this treatment I steadily persevered thirty hours, the patient, in the interval, being kept, under the influence of morphine, by the administration of an enema containing twenty drops of the above solution. At the expiration of this time, much larger bougies could be passed into the stricture, although none through it. The patient being now somewhat exhausted, I did not deem it prudent to continue the treatment any longer at that time. A good night's rest, however, was sufficient to remove all traces of exhaustion. He also voided his urine in a greatly improved stream, and much less escaped by the fistulous openings.

After an interval of four days, the same treatment was resumed for the space of twenty-four hours, the result of which was a marked improvement in voiding the urine, with scarcely any escaping by the unnatural openings. Still, no instrument could be passed through the stricture. After a period of five days, during which no attempts were made to pass an instrument, I succeeded in passing through the stricture a No. 2 silver catheter. After it had advanced an inch, its progress was stopped by another stricture, which, resisting two or three attempts, I determined on fixing in it a flexible gum catheter, on the same plan as I had previously adopted with the cat-gut bougie. I employed the elastic catheter on this occasion, in preference to the cat-gut bougie, in the hope that, if it passed this obstruction, it would enter the bladder; in which case I could retain it a day or two, and thus insure the introduction of any instrument. The catheter was retained thirty hours, but did not pass beyond the stricture. The amendment, however, in the patient's urinating was again highly satisfactory. He voided his urine in a full and free stream, with a power, too, such as he had not experienced for very many years; whilst, at the same time, only a few drops escaped by the openings. Four days

after the catheter had been withdrawn, I made an attempt to pass a silver catheter, and succeeded in doing so with perfect ease. Being unwilling to fix it in, I withdrew it, in the hope that I might now be able to pass a flexible one; but, from its flexibility, I could not direct its point over the different irregular protuberances caused in the urethra by the indurations surrounding it.

I now contented myself with passing the silver catheter, on alternate days, until one of a No. 5 size could pass with ease. I then firmly fixed a No. 5 flexible gum catheter, on a steel stillet, with a solid handle, thus giving the catheter the requisite firmness to direct it over the inequalities caused in the canal by the surrounding indurations. Having passed this catheter, I left it in for forty-eight hours, then withdrew and re-placed it by another of a larger size, which, after being kept in thirty hours, was withdrawn. From this time, no urine escaped by any of the fistulous openings, and they rapidly healed.

The patient now learnt to pass the instruments himself. For nearly a month he continued, under my directions, to pass one every second or third day, rubbing into the enlargements on the perineum and scrotum, a portion of *ungt. iodinii comp.*, and thus reducing them, at least, to a third of their original size. At this time he passed his urine with the most perfect freedom; he improved in his general health rapidly, and gained flesh daily. A painful spasmodic affection of the rectum, with which he had been sadly afflicted during the whole course of his disease, likewise disappeared with the removal of the stricture.

On the 21st March, 1847, he left my house, on a visit to a friend, and returned in a week, to stay with me a few days, before taking his final departure for the continent. I cannot give a better illustration of the completeness of the cure, than by stating that I saw him, previously to his leaving me, ride a horse over a five-barred gate (to say nothing of hedges and ditches), in trying a hunter, at Messrs. Masons' farm, at Shepherd's Bush.

I have heard from him several times since he returned home, and he continues perfectly free from stricture. Writing to me on the 26th August, he says:—"I have manfully asserted

the right of way into the bladder, and pass the largest catheter with certainty, when I like, that is, at any rate, every third day.

“ I am, yours very faithfully,
“ J. M.”

CASE XIX.—The following account was written by the patient for my information, on placing himself under my care :—

“ *October 15th, 1856.*

“ In the latter part of the year 1846, I consulted a surgeon, Mr. T——, with respect to a gleet which had troubled me for some time. He said that it arose from stricture, and that he would pass bougies till it was cured : he continued this for some time, but I got rather worse than better. I then went to Mr. C—— ; he passed an instrument without the least difficulty, said that I had no stricture, that I needed no medicine, and that if I thought no more about it, the gleet would probably disappear. I followed his instructions, and it soon left me entirely. Some weeks after this, however, I noticed that my urine did not pass freely, and I went again to Mr. C——, who tried to pass an instrument, without success, and hæmorrhage ensued. (The next time that I made water after this, I suffered excruciating pain, and the penis swelled as if it would burst.) In the course of a few days, I again went to Mr. C—— ; he passed a flexible catheter, kept in for five or six days, and on withdrawing it, told me to pass instruments from time to time myself ; I did so at first every week, then every month, then at longer intervals, and in about two years discontinued it altogether.

“ About Christmas in 1852 I contracted a gonorrhœa, for which Mr. H—— treated me for three months, without doing me the least good. I then went to Mr. C——, who cured me immediately ; when thoroughly cured I thought that I would get Mr. C—— to pass an instrument. I went to him for that purpose (this was about April, 1853) ; he proceeded to do so ; while he was passing it I got nervous, bent forward, and jerked his hand ; on withdrawing the instrument there was considerable bleeding. (On making water after this I did not suffer any pain, nor did I ever on many other similar occasions afterwards.) During the months of May, June, and July, he frequently tried to pass instruments without success, and generally bleeding

followed. In August I left London. About the beginning of October, suddenly my stream of water diminished to a thread, and I was seized with a continual desire to make water. I went to London immediately; when I got up the next morning I was able to make water, as usual, with comparative freedom. One day, about February, 1854, when coughing, I felt as if some substance in the penis gave way; on inspection, I found a piece of hard calcareous substance about this size (☹) just emerging from the penis, surrounded with a thick, jelly-like, colourless substance; this thick discharge (unaccompanied by the hard substance) I have observed ever since at intervals. The next morning I went to Mr. C——; he endeavoured again to pass an instrument, without success, and continued to do so at intervals till the middle of April, when, I being under the influence of chloroform, he forced a silver catheter into the bladder. He kept it in two or three days, blood continuing all the time to ooze out. (During the first day I suffered much from spasms, but they yielded to opium.) On withdrawing the catheter, a stream of mingled blood and urine flowed, causing me great pain. A day or two after this, I had severe rigors, and an attack of fever. After the rigors had ceased, and the fever had got better, I discovered a considerable swelling in the scrotum; Mr. C—— decided on cutting this, after which for some days the urine escaped from this opening, till it gradually closed. (I may as well here mention, that I suffered no more *local* inconvenience from this incision, and although a hardness remained there for some months, all trace of it has now long ago vanished.) I was now seized with a pain in the back below the right shoulder blade, then down the right arm, then in the left knee, the right thigh, the left ankle, and the left elbow. Dr. W—— was now called in, and treated me for a week for rheumatic fever; then B——, who said it had no connection with rheumatism, and resulted entirely from the treatment of the urethra. (At this time an eruption, which the medical men called 'herpes' had entirely covered the left side of my face, and obscured the sight of my left eye.) I was now at the worst; the dull pain in my joints flying about from one point to another, with considerable fever, and no sleep; I was also continually subject to delusions, not exactly delirium, for I remember all my thoughts and

feelings perfectly. Gradually the fever and these delusions disappeared, and the dull pains in my joints almost went away, but a frightful spasmodic pain about the lower part of the spine succeeded, a pain so excruciating that, I think, if it had not been momentary, would have killed me. I was now (between these attacks of pain) perfectly well in health, eyes bright, and in good spirits, though unable to move any part of my body, except my head, arms, and feet, without bringing on the spasms of pain. C—— now told me he could do nothing for me, he had tried everything that his and B——'s skill could suggest, without doing me the slightest good; he could only suggest that I should see what a course of calomel and opium would do. I declined this treatment, was put into a bed carriage, and driven down into the country. I was now mesmerised every morning and evening, and invariably slept well (having had no sleep for weeks). I soon began to improve very rapidly, and to regain my flesh (I had lost forty pounds). My stream of water was all this time steadily diminishing; just as I was able to stand and drive out in a carriage, retention of urine came on; after seventeen hours it gave way. The next day I saw Mr. C——; he said that he would never pass an instrument into me again, and that I was to do nothing.

“I recovered my health and strength, July, 1854. Though able to take any amount of *walking* exercise, I found that I was, and still am to some extent, unable to *run*. In May, 1855, having one day danced a good deal, I was seized with a stiffness in the hip joint, accompanied, if I attempted to put it to the ground, with acute pain. I kept my bed (when in bed I felt nothing, and could move my leg freely, and in a few days it left me). In January, 1856, I had another attack, which came on after hunting, and which I got rid of by keeping to my bed. Ever since my illness my left elbow remained very tender, and in May, 1855, it swelled considerably; C—— prescribed iodine; it got worse; my whole arm, from the points of the fingers to the shoulder, swelled immensely; I could not move it; but I suffered no pain; the swelling was dropsical: if a finger was pressed on it and then withdrawn, a hole remained. C—— swathed up my arm, and recommended me to keep it on a higher level than my

shoulder ; the swelling then rapidly subsided. In October, 1855, a swelling of a different character appeared on my elbow ; it burst, and continued discharging for several weeks ; it gave me no pain, nor was my arm stiffened by it. It was treated with caustic, and ultimately healed. In May, 1856, it again appeared, remained open for some weeks, and again healed. There is now a red spot on my elbow, which is apparently joined to the bone ; it is not tender to the touch unless pulled hard.

“ In February, 1856, while abroad, my stream of water suddenly diminished much in size ; but, though expecting every day to be seized with retention, I only suffered the inconvenience of being a long time in making water. In June I was seized with retention, I sent for Mr. C——, he prescribed opium every two hours, I took it twice, then the urine came off in drops. I remained in this state for two days, the urine coming off sufficiently to prevent the strain on the bladder being painful ; on the third day C—— said it would not do to go on like this, and he attempted most carefully to pass an instrument ; he failed, but gave me no pain. Very considerable bleeding followed ; for the rest of that day the water only came from me in drops as before ; but when I got up the next morning, I made water with comparative freedom. C—— then again called in B——, and on consideration of my case, decided that no attempt should again be made to pass an instrument into me, but suggested that I might myself pass wax bougies up to the stricture, and press gently against it, and that it might be reduced in that way. In the months of August and September, 1856, after making water, some drops of blood generally followed, and occasionally emissions of semen ; these have ceased. During all the time that I have had the complaint, I have never suffered any pain in the urethra, nor, excepting the two or three times mentioned above, have I suffered any inconvenience whatever, except a slight smarting on commencing to make water, and occasionally a very severe smarting from a nocturnal emission ; I have twice, in 1856, had sexual connection ; this caused me no pain. I have noticed that my stream of water generally diminished gradually for a month, then would suddenly increase in bulk, and so on.”

This gentleman, on his first visit, after having given me a corresponding account to the foregoing, said he was induced to call upon me at the earnest recommendation of a friend, whom I had some few years before cured of a very severe stricture. But he had himself no hope of obtaining a cure except by some surgical operation with the knife. Having made the necessary examination of the urethra with a bougie, and not detecting anything but a common impermeable (to instruments) stricture, I expressed an opinion that, notwithstanding the previous failures and the opinions given by the two eminent surgeons he mentioned, to the effect that it would be impossible for any one to succeed in passing an instrument, his stricture could be removed without the necessity of a recourse to such an operation as he referred to. He was exceedingly incredulous, and remarked that in his opinion, after the repeated failures of so eminent and skilful a surgeon as the gentleman was under whose immediate care he had been, it was exceedingly improbable (if not impossible) that any other surgeon should succeed. And he thought that, unless I could suggest some other means, it would be useless for him to recommence a similar course of treatment to that which had already so signally failed. I replied, that having given my opinion I had nothing further to say, and that it was for him to act upon it or not as he pleased, and I told him, at the same time, he had better take a few days to consider before deciding. A few days after, he called upon me and said, he had determined on placing himself under my care, although he had, he confessed, no hope of any successful result from the treatment I recommended. At his fourth visit to me, I passed a small silver catheter to the bladder with such ease as to cause him the greatest astonishment; after this, I, on one occasion, kept in flexible catheters on the plan of prolonged dilatation for twenty-four hours, and the subsequent treatment adopted was that of simple dilatation, and by the end of December I could pass a No. 10 metallic bougie with perfect ease. As he was now going abroad, I taught him to pass instruments for himself. On his return, a few months since, I learnt that he had not been very regular in the use of the instruments, and that he could only pass a No. 7; I, however, passed a full-sized bougie.

CASE XX.—General —— called upon me in the early part of the year 1856, by the advice of his friend, Captain F——, whom I had cured of a severe stricture some years since.

The General informed me that he was eighty-two years old, and had laboured under a stricture of the urethra for more than forty years. On one occasion, some thirty years since, he had been under the treatment of an eminent hospital surgeon, who gave him great relief by passing bougies, and as he was then going abroad, this gentleman instructed him how to pass instruments, and he used occasionally to do so. However, in the course of years he became negligent in the use of his instruments, and finally discontinued them altogether. In the course of time he began to experience difficulty in passing his urine, but, nevertheless, he appears to have totally disregarded these symptoms, and, as a natural result of this inattention, the stricture gradually increased, until at length he could scarcely void his urine at all. And thus, a few months before the time of his calling on me, he had come up to London and placed himself under the care of the late Mr. ——, surgeon to —— Hospital, and the author of a treatise on the treatment of urinary diseases. At first, this gentleman could not pass any size or kind of instrument through the stricture. However, on one occasion he succeeded in passing a very small one, and then again several unsuccessful attempts were made. At last another small instrument was passed by the employment of much force; this operation caused the patient great pain, and was followed by some bleeding from the urethra, and, a few hours after, the patient was attacked by severe rigors, which alarmed him very much. On the next day, inflammation of one of the testicles came on; this lasted several days. When he recovered from the consequences of the surgeon's imprudence, he in disgust withdrew himself from his care. He then asked a medical friend connected with the army whom he would recommend him to consult: this gentleman recommended him to apply to Mr. ——, surgeon to —— Hospital, and he accordingly did so. His new surgeon, during the time of his attendance, made upwards of forty attempts to pass an instrument, but on no one occasion was he successful. Besides this, another eminent surgeon, of great experience, was consulted on the case by Mr. ——: this gentleman declared

that no other treatment than that being pursued by Mr. ——— could be adopted. At last the patient became weary of this apparently hopeless treatment, and, as I have said, by the advice of Captain F—— he called on me. On this occasion, he would not allow me to make any attempt to pass an instrument, as he said he only came to talk to me about his case. I expressed it as my opinion that there was no reason to doubt the possibility of his cure, and he then left me, promising to call upon me again shortly. However, I heard no more of him for about a year, when I received the following letter.

“ *March 4th, 1857.*”

“DEAR MR. COURTENAY,—After I had the pleasure of seeing you at your residence, I got pretty well of the uncomfortable feel of my stricture, so much so that I was able to follow the hounds last season, rode comfortably all the summer, and have been out with the hounds several times this season, but for months past have voided my water with some difficulty and pain during the operation. The 20th of last month, a discharge came on, the pain increasing when making water, and am now suffering much pain and frequent desire to make water. I am scarcely ever free from pain, for the urethra is in a constant state of irritation. You have seldom been out of my thoughts for more than a twelvemonth, with the consolation that you would restore me to ease and comfort; and I now am determined to place myself under your eminent hands next week, for sooner I fear I cannot, having to regulate my affairs prior to my leaving home. You shall know the day and hour I intend being at your house, that you may be prepared to torture an old man of eighty-three years of age, and if you succeed in reaching my bladder, and enable me to pass my water with ease and comfort, my prayers as well as thanks will be bountifully bestowed upon you.

“ I am, dear Mr. Courtenay,

“ Yours faithfully,

“ ——— ———.”

About a week after this the patient came to town, and called on me. He was exceedingly ill and infirm, so much so that my servant was obliged to assist him out of his carriage into the house. I found he had an almost incessant desire to void urine, and that he could only expel, with much straining and great

pain, an ounce or two at a time. The exertion and straining he was compelled to make, to get rid of the urine, was so great as to cause the fæces to be discharged involuntarily. There was a profuse discharge from the urethra. The urine was ammoniacal and loaded with a mucous discharge from the bladder. Satisfied, from the manner in which the urine was voided, that none but the smallest sized instruments could be passed, if any could, I did not attempt to pass a large one, but selected at once the smallest sized flexible catheter which is made, wherewith to make my first attempt, and this instrument I there and then succeeded in passing through the stricture to the bladder, and drew off the patient's urine, greatly to his delight and astonishment. I now told him I had not the slightest doubt that I should be able to remove his stricture, if he would place himself entirely under my care, and to this end it was arranged he should take up his residence with me, at my country house. After a month's residence with me, he was so well that he was able to return to London, and, in the course of three months from his placing himself under my care, he could himself pass a full-sized bougie. The treatment adopted was a combination of prolonged and temporary dilatation, and the occasional application of the potassa fusa. From the time of his placing himself under my care until his leaving me, his progress was one of uninterrupted success. His general health was restored, and he walked about London without the slightest difficulty. When he came to me, my servant was, as I have said, obliged to support him out of the carriage into my house. Even before he left my country residence, he could walk two or three miles at a time, and before he left London he could walk a much greater distance. In short, it was scarcely possible to believe that the brisk, active, cheerful old man he now appeared, was the same decrepid, suffering, miserable creature who had, a few short months before, crawled into my house, supported by the arms of my servant.

CASE XXI.—L. R——, Esq., came up to London early in March, 1855, for the purpose of placing himself under my care. He informed me that about twenty years previously he had a slight stricture of the urethra, in consequence of which bougies had been occasionally passed by his then medical

attendant, and he suffered little or no inconvenience from his malady at that period. But, about fifteen years ago, whilst out hunting, he was thrown forward on the pommel of his saddle, and struck the perineum with such violence as to cause an immediate and most profuse hæmorrhage from the urethra. The bleeding continued with more or less intensity for several days afterwards every time he expelled his urine. About the eighth day after the accident he felt himself exceedingly ill, and towards evening suddenly fainted. He was carried to bed, and during the night he became delirious. A medical man was sent for, but before his arrival, on the patient's attempting to urinate, he was unable to do so. On the surgeon's arrival, he passed, but not without experiencing great difficulty, a catheter to the bladder, and so far relieved the patient. The operation produced a considerable bleeding from the urethra, which the surgeon said was ruptured. The patient was now able to void his urine, and gradually recovered his health. Bougies were occasionally passed, and then discontinued altogether. For a period of six or seven years no instruments were used, although the patient had more or less difficulty in voiding urine, and also required to do so more often than natural. About this time, on mounting a horse, he was suddenly seized with an urgent desire to urinate, accompanied by a kind of spasmodic affection in the perineum. He was obliged to dismount at once, and upon attempting to urinate he found himself unable. He immediately sent for surgical assistance; on the surgeon's arrival, that gentleman at first proposed to pass an instrument, but changed his mind, saying, he thought the case so serious that the patient had better go to London and place himself under the care of some experienced hospital surgeon. This attack of retention yielded to the medical treatment adopted; and on the 31st of January, 1849, the patient, in accordance with the recommendation of his medical friend, came up to London, and placed himself under the care of Mr. ———, surgeon to ——— hospital. From this time up to the 8th of June the patient regularly came up to London (he resides a few miles from Slough,) twice a week, and waited on Mr. ———, who tried in vain to pass instruments through the stricture. He also on several occasions applied lunar caustic to the stricture

These operations occasioned great pain to the patient, especially the application of the armed bougie, as it was left in pressing against the stricture from ten to twenty minutes at a time. On the 8th of June, after the application of the caustic bougie, the patient, whilst at a friend's house, was suddenly seized with rigors, and became so exceedingly ill as to be unable to return home as usual, and render it necessary to send for Mr. ———, who prescribed for him, and assured him he would soon be well. The next day he was able to go home. (I would state here, that, from this period up to the time of my seeing him, he became subjected to sudden attacks of rigors—sometimes having them as often as twice in the course of twenty-four hours.) But to resume: on the 30th of July, Mr. ——— passed a wax bougie down to the stricture; and, being called out of the room, he directed the patient to keep the instrument pressed against the stricture until his return. On the patient's doing so, he was much surprised, and no less pleased, to find the bougie pass through to the stricture. When Mr. ——— returned, the patient informed him what had happened, and Mr. ——— then withdrew the wax bougie, and attempted to pass a catheter, but in this he failed. From this time up to the end of the year the same line of treatment was pursued with no better result, whilst the patient had constant attacks of rigors, and his general health was seriously deranged.

During the whole of 1850 and 1851, the patient continued to visit the surgeon twice a week without any satisfactory progress being made; but on the contrary, for he suffered dreadfully from the caustic applications, and the constant attacks of rigors which he had; and he also had more difficulty than ever in expelling his urine.

Thus matters continued, the patient still visiting the surgeon, although not so often, up to the end of April, 1853. His general health was now so deranged, and his sufferings so great from the constant attacks of rigors, and the pain and difficulty he experienced on urinating, that he asked his surgeon if it would not be advisable to have a consultation with some other surgeon as to the future treatment of his case. Mr. ——— replied that, as no other line of surgical treatment could be adopted, a consultation with any other surgeon would be useless;

but he might, if he liked, consult some physician on the subject of his general health, and suggested his going to the late Dr. ———. The patient, agreeing to this, Mr. ——— furnished him with a letter of introduction to Dr. ———. On Dr. ——— hearing from the patient an account similar to the preceding, and seeing his deplorable condition, he remarked he found himself placed in a most painful position in being required to give his opinion on the case, as Mr. ——— was a personal friend of his own; nevertheless, he felt he was bound in duty to the patient to deal truthfully with him, and therefore he must tell him he wondered the treatment adopted had not killed him; and he strongly recommended him not to submit to it any longer, adding, that, if he did, his life would probably fall a sacrifice. The patient, not liking to withdraw himself from his surgeon's care so immediately after going to Dr. ———, went two or three times to him, but always stated as an excuse for not having instruments passed, that the irritation in the urethra was so great he could not bear to have one introduced.

From the time of his leaving this gentleman's care until the 1st of March, 1855, he remained in the country a hopeless sufferer. He was now so bad, that it became evident, unless he could obtain relief, his life would fall a sacrifice to his disease. Having heard of my successful attendance on a relation of his own, he determined on coming up to London for my opinion on his case. On his arrival, I found he could only void his urine in the smallest possible stream, and sometimes only by drops, with great pain, whilst the desire to urinate was almost incessant. The urine was ammoniacal, loaded with a copious mucous deposit, streaked with blood. He suffered under constant attacks of rigors, and there was considerable indurated enlargement throughout the course of the urethra in the perineum. On my passing an instrument, it was stopped at the junction of the bulbous and membranous portions of the urethra by a firm indurated obstruction. It being perfectly clear to me, from the result of my former experience in the treatment of similar cases, that temporary dilatation would be useless in this case, I determined on at once adopting that of prolonged dilatation. To this end, as soon as I could get a catgut bougie even but slightly into the grasp of the stricture, I retained it there for as long a period as I could. In

the course of eighteen days, I had, under this treatment, made such progress, that I could get a No. 3 flexible catheter (introduced on a firm iron stilet) well into the grasp of the stricture, and the patient was able to void his urine in a greatly improved stream. I now determined on keeping up a more prolonged dilatation than I had hitherto done. To this end I made arrangements to devote twenty-four hours to my patient. Having the day before the contemplated proceedings cleared the bowels by an aperient, I the next day administered early in the morning an opiate enema, and then passed a flexible catheter, No. 3, on the firm iron stilet well into the grasp of the stricture, and then withdrew the stilet, and secured the catheter by the necessary apparatus. The instrument was retained for some hours, and then withdrawn to enable him to urinate, and afterwards replaced. This treatment was kept up for some eighteen hours, under my own personal superintendance, when I was obliged to discontinue it, as the patient had some disposition to rigors. The patient made water much better after this operation, and the same treatment was commenced again on the 26th of March. I remained up with him all night, and mid-day on the 27th, the flexible catheter, a No. 4, passed through the stricture to the bladder. It was tied in and retained for twenty-four hours, when I withdrew it. I should have then, according to my usual treatment in these cases, have introduced another flexible catheter, of larger size, and retained it for another twenty-four hours; but as both the urethra and bladder appeared irritable, I thought it best, with a patient so disposed to rigors, not to incur any risk of exciting them, as I should have done had I retained another catheter. On the 9th of April, a catheter was again retained for twenty-four hours, and then withdrawn, and another of a larger size introduced, and retained for about twenty-four hours more. After this the treatment was confined to the occasional introduction of bougies, and by the 20th of April, No. 9 and 10 bougies could be passed with perfect ease, and the patient was entirely relieved. However, about the 3rd of May, there was some difficulty experienced on introducing the catheter; I therefore fixed it in and retained it for twenty-four hours. After this, No. 9 and 10 could be passed with perfect ease.

It only remains for me to add, that this patient continues

perfectly well up to the present time (January 29th, 1858), and that the only inconvenience he has now from his disease, is whatever may be supposed to result from the necessity of having a bougie passed occasionally, as a precaution against any relapse.

CASE XXII.—A member of the legal profession came up to London, for the purpose of placing himself under my care. He informed me that, very many years since, he first experienced a difficulty in voiding his urine; he did not, however, at that time, deem the matter of such importance as to require him to consult a surgeon. At this period he was a young single man, leading a freeish life, but, a year or two afterwards, married, and altogether changed his mode of life; so that, although the difficulty in urinating continued up to the time of his marriage, he thought that he should find it decrease from this change in his mode of life, and that, perhaps, it would altogether disappear. However, as years passed on, he found that the difficulty became greater. But as he led a most abstemious life, he had none of the usual symptoms of spasms and irritation. In short, the only symptoms of his disease that caused him annoyance, were a more frequent desire to urinate than was natural, the greater length of time and the greater straining exertion that were necessary to evacuate his urine, and a dribbling of the water after he had ceased. At a later period of his case, the knowledge of the great mischief that had been inflicted on a friend of his, by the improper use of instruments, deterred him from seeking surgical assistance; and it was only after his friend had been under my care, that he began to think of obtaining relief for himself. However, although he had resolved to seek my assistance, it was not till he was, as it were, driven to me, by finding the urine occasionally only voided in drops, that he came to London. On making my first examination, I found that he had a stricture at the commencement of the membranous portion of the urethra, through which I could only pass a small flexible catheter, less in diameter than a straw. On a subsequent occasion, I could not even pass that. The treatment adopted was the application of the potassa fusa to the stricture, till a No. 4 catheter could be passed, and, afterwards, simple dilatation.

The treatment of this case was commenced on the 31st of January, 1849, and a full-sized bougie was passed on the 24th of the following February. He left town on the 26th, for a few days, but returned, in accordance with my desire, on the 5th of March, to have the full-sized instrument passed again: also on the 14th and on the 16th of April. I did not see him again till the 11th of June following, when I passed the full-sized instrument; and he informed me that he remained free from all symptoms of stricture. Six months after this, he called upon me as he was passing through London, and stated that he continued perfectly well. I passed a full-sized instrument, and there was not the slightest appearance of any disposition in the urethra to re-contract, notwithstanding the long interval (longer than I had recommended) which the patient had allowed to elapse, without having any instrument passed. I saw this patient a few months since, in the present year (1857), and he said he kept perfectly well.

CASE XXIII.—R. M. J., Esq., about seventeen or eighteen years ago, placed himself under my care for the treatment of a severe stricture of the urethra, under which he had laboured for some years. Previous to my seeing him he had an attack of retention, which his surgeon in the country had tried to relieve with a catheter, but failed, as it could not be passed beyond the seat of the stricture. This attempt caused him so much pain, that, although he experienced a continued increased difficulty in voiding his urine, he refrained from seeking the necessary surgical assistance. At length, by the persuasion of a friend who was a patient of mine, he determined on consulting me. But even after he had called on me, it was only after several interviews that I could induce him to allow me to examine the urethra, so great was the dread he had of the use of an instrument. However, he at length allowed me, and I found him labouring under so severe a stricture (situated at the bulb of the urethra), that no instrument could be passed through it. I applied the potassa fusa three times to the stricture, and was then able to pass a good-sized instrument through it; subsequently I introduced a flexible catheter, and retained it for nearly twenty-four hours. After this, the patient could pass a full-sized instrument

for himself with perfect ease, and was entirely free from all symptoms of stricture. For some years after his cure, the patient used occasionally to pass instruments for himself, and when he visited London I did so for him. At length he discontinued the use of his instruments, but when he came to London, once or twice a year, he would come to me to pass an instrument for him, and I was always able to do so. At last neither he nor I passed an instrument for three years, and I was rather fearful he might have a return of his disease. However, in the spring of 1857, I passed the same instrument I had at the time of his first leaving my care, thus establishing the completeness and permanency of his cure.

SECTION II.

THE preceding cases are fair samples of hundreds of others of a similar character which have fallen under my notice, equally confirmatory of my second assertion, as to another of the causes of the apparent frequent failures of some one of those methods of treatment which I have classed amongst the ordinary modes—especially that of dilatation. Now, with the exception of Case XVII. and the two concluding ones, if I am to deal truthfully with my readers, it is impossible for me to characterize the treatment adopted previously to my seeing the patients otherwise,—to use the mildest terms,—than as most rash and unscientific. I am perfectly sensible that, perhaps to a majority of my medical readers, the expression of such an opinion may appear harsh towards the gentlemen who attended those cases: if so, I beg to remark that I make it in no spirit of ill-will towards them individually. For it is not the men individually that I seek to hold up to animadversion, but the *system*. Indeed, it is impossible for me to follow out the results of my experience to their legitimate conclusions, if I refrain from pointing out, in the most explicit manner, the errors of treatment which have been committed, and to which I conceive is solely to be attributed the failure of the treatment pursued; in this spirit therefore I have

expressed my opinion as to the character of the treatment adopted, and it is in the same spirit that the following remarks are made.

Now I would ask my readers, what is the common mode of talking about or describing such cases when the patients thus fail in obtaining, and the surgeon in affording, the desired relief? I will venture to assert, that in ninety-nine cases out of every hundred, the patient is deluded into the belief that the failure is due either to the severity of his disease, or to the inefficiency of the ordinary means to afford relief; and thus he is gradually duped into submitting to the performance of some dangerous operation, which, even if necessary after the so-called treatment, would most certainly never have been so had the treatment been at first carried out with gentleness and skill. Nay, it not only often happens that the patient is thus deceived, but the medical attendant too often deceives himself into a similar false belief, whilst his thoughtless or inexperienced colleagues, who see the miserable and apparently hopeless condition to which the patient is reduced, and hear the mere fact of the failure of this and that eminent hospital surgeon in their attempts to afford relief, arrive at similar conclusions; and thus the vicious circle of error has been enlarged, until at length it has embraced within itself alike a large proportion of the profession and of this class of patients; so that nothing is now more common than to hear both medical men and patients declaiming about the difficulty, and even impossibility, of curing strictures by the ordinary methods in practice. Those members of the profession, and those patients who have been led into these erroneous opinions, have been "fooled to the very top of their bent" by Professor Syme's declamations against the ordinary methods of treatment, his boastful assertions as to the safety and certainty, as a means of cure, of the discarded operation he has revived, and his misstatements both as to its freedom from danger and the successful results which have attended it in some instances.

But on this head I shall have more to say by-and-by. In the meantime, I would recall to the reader's notice the last series of cases I have related as illustrative and confirmatory of the opinions I have expressed.

Now, these cases (excepting Case XVII. and the two last, on which I reserve my remarks), although they, in many respects, present points peculiar to themselves, nevertheless exhibit complete unanimity in the evidence which they afford, in condemnation of the vicious system of attempting to force strictures. This evidence is, moreover, of greater importance than that furnished by some of the first cases which I have related,—inasmuch as the mischief inflicted in those instances, proceeded from the operations of gentlemen of no especial experience or note in the profession; and, therefore, the question was, more or less, left open, as to whether the ill consequences and failure which attended their exertions on the patient's behalf, were the result of inexperience in the use of instruments, or of violence in applying them.

But, in the last cases, the rank of the surgical attendants in the profession is so pre-eminent,—all of them filling the office of surgeons and lecturers at our largest metropolitan hospitals and surgical schools,—that it is impossible to doubt either their experience or their general operative skill; and, therefore, their failure cannot be attributed to any other cause than persistence in a vicious system of treatment; indeed, the histories of the cases all point to this conclusion. Thus in one instance, we see the patient, after much suffering, succeed in affording himself, by care and gentleness, that relief which the surgeon in vain attempted to afford him by his violent and hasty operations. In another instance, we find the surgeon acknowledging that he has “done more harm than good” by his violence; and yet, with a strange inconsistency, practising again, at a subsequent period, the same line of (so-called) treatment, and this, too, to such an extent as to frighten the patient from his care.

Again, in another instance (Case XXI.) we see a surgeon with desperate tenacity persisting for years in a course of treatment which one would have thought a moment's consideration would have convinced him was not merely inefficient, but positively injurious; and this, too, to such a degree that his own friend was obliged, in horror at the patient's accounts of his sufferings, to denounce the treatment as most dangerous, and to express the strong opinions on it I have already recorded.

What makes the matter worse is, that, from the fact of a wax bougie having passed, it is clear the stricture in the first instance was not impervious to instruments. Under the simple treatment adopted, the patient obtained in little more than three weeks that relief which he had for more years in vain sought under the treatment so irrationally persisted in.

But it is scarcely necessary to trace each case seriatim, in order to judge of the evidence which they, one and all, present, not merely as to the inefficiency, but as to the positive evil, of attempting the removal of strictures by violence, and the advantages of a contrary course of treatment. The cases will speak for themselves. At any rate, if they do not carry conviction to the minds of my readers, I fear nothing that I could urge would have that effect.

I would here beg to observe, that, in referring as above to the eminent position of the gentlemen who attended those cases previous to my successful treatment of them, I am not for a moment seeking to elevate myself to a level with their high position, by this comparison of the results of their treatment with that which I adopted. Besides, I am fully sensible of the fact that my general success in the treatment of strictures arises more from the circumstance of my having adopted the treatment of diseases of the urinary organs as a speciality. I am thus, from being freed from other claims on my time and attention, able to give more of both to patients labouring under stricture than those gentlemen can, who, in consequence of being in general and extensive practice, have so many more and urgent calls on them. Did they, and could they, devote the same amount of time to this class of patients that I am in the habit of doing, there is no doubt that they would be equally, and, perhaps, more successful, than myself. I only allude to their position, in order to show, that, if such men, with all the advantages which they possess from their talents and experience, fail, such treatment must be utterly hopeless when adopted by parties unpossessed of their talents and experience; and, consequently, that its practice by others in the face of these facts is a positive act of inhumanity.

Now, any superficial enquirer into the question of the efficiency or inefficiency of the treatment with bougies, on

the principle of dilatation, or of any of the ordinary methods, hearing only the unsuccessful results attending on the treatment of these cases, up to the time of my first seeing them, and carelessly overlooking or disregarding the improper manner in which the treatment was carried out, would naturally be led to consider them as affording conclusive evidence, not only of the inefficiency of the ordinary methods, but also of the danger involved in a recourse to them. But if his attention is directed to the rash and unskilful manner in which the treatment was pursued, he cannot fail to be at once struck with the importance of this evidence in relation to the question at issue; whilst the strong suspicions which it will raise in his mind, that there are other and truer causes for these failures than the insufficiency of our means of cure, will quickly resolve themselves into certainties, when he sees the results attending on the final treatment of those cases. On the other hand, had these cases, previous to my seeing them, fallen into the hands of those sanguinary surgeons, who appear to delight in slitting up unfortunate patients' urethrae, either by internal or external incisions, the true causes of the previous failure in the treatment would have remained undetected or unexposed; and thus wrong conclusions arrived at as to the adequacy of the ordinary methods to afford relief; whilst there can scarcely be any doubt, I imagine, in the minds of those who have observed Mr. Syme's conduct in relation to the mode of treatment he seeks to establish, that, had they chanced to fall into his hands, the unsatisfactory results, and the aggravation of the patients' complaints, would have served as a text for a theme of unmeasured and exaggerated denunciations of the danger and inefficiency of the ordinary modes of treatment, and no less exaggerated and even unfounded pæans on the safety and superiority of that severe operation which he would fain introduce as an ordinary method of treatment in strictures of the urethra.

A word or two here, on this subject, may not be ill-timed. The operation in question (perinæal section) was more immediately and prominently brought under the notice of the profession, in a publication which appeared at the latter end of the year 1849; and, notwithstanding the evident tone of exaggeration which pervaded all the assertions it contained, both as to the

dangers and inefficiency of all previous modes of treatment, and the safety and superiority of the proposed operation, especially in regard to the permanency of the cure effected by it, a regular perinæal section monomania appeared to seize on some of the surgeons of our Metropolitan Hospitals. Nay, to such an extent were some carried away by this cutting monomania, that they absolutely performed the operation in cases and under circumstances which were interdicted as dangerous by the prime mover of all this *operative furor*. At the same time, the weekly medical journals were filled with discussions on the merits and demerits of the new treatment, and accounts of the sanguinary scenes that were being enacted in our metropolis—with what results I shall presently show.

I was, even at this period, induced to offer to the profession some cautionary remarks on this subject,* and in the interval that has since elapsed, facts have been elicited which entirely corroborate the correctness of the views I then ventured to express.

In the first place, I questioned the correctness of the assertions made, as to the general inefficiency and danger of the ordinary methods of treatment. I need not, however, here enter upon my reasons for doing so, as the preceding observations sufficiently illustrate my views on that head.

In the second place, I objected to the sufficiency of the data on which it was sought to establish the claims of this operation to be ranked as a more permanent means of cure than any other previous mode of treatment, seeing that, with the exception of one case out of the thirteen, adduced in support of the asserted permanency of cure effected by the operation, all the cases were of so recent a date, as to offer no sufficient grounds on which to form an opinion either one way or the other. At the same time I stated, I was in possession of facts in relation to one of those twelve cases, which went to ignore the asserted invariable success and permanency of cure following the performance of this operation. Indeed, it was my painful duty to show that Mr. Syme had, in relating the particulars of one case, given just so much of

* A Few Words on Perinæal Section as a Cure for Stricture of the Urethra. Price 1s. H. Baillière, 219, Regent Street, Publisher.

its history as appeared to confirm his assertions, and suppressed the subsequent parts which went to show that, in this instance at all events, his conclusions and opinions were erroneous,—a course of conduct so inconsistent with what I should have expected from a gentleman occupying his position, that I confess my faith in the histories of the other cases was greatly shaken.*

And, lastly, I ventured to express an opinion, that, whilst the operation might be required and be performed with benefit in some rare instances, yet, that anything like the indiscriminate adoption of the proposed operation which Mr. Syme appeared to recommend, could not fail to be alike disastrous to the patients who submitted to, and the reputation of the surgeons who practised it.

The following cases and remarks will enable the reader in some degree to form his own opinion as to how far subsequent experience has confirmed the correctness of these views. Having in the preceding observations referred to the grave charge I was, in the cause of truth and science, compelled to prefer against Mr. Syme, I shall, before proceeding to adduce other cases, which show the correct estimate I at once formed as to the merits and demerits of the operation, submit to my readers the evidence on which I ground my accusations as to the misstatements and suppressions of truth of which I believe him to have been guilty. The following is the history of the case referred to:—

CASE XXIV.—W. K——, Esq., first came under my care in the year 1842. At an early period of his life he had resided in India, but in consequence of general ill-health, and his labouring under severe strictures, he returned to England about the year 1826. In the year 1829, having failed to obtain any relief in regard to the stricture from the different medical gentlemen whom he had consulted, he applied to my late father, who succeeded in passing an instrument through the strictures, and thereby afforded him great relief.

Thinking he could himself finish the cure so successfully begun, he then returned home. From this time (1829) to 1839, he

* See A Letter addressed by the Author to Professor Syme. Price 1s. Published by H. Baillièrè, 219, Regent Street.

contented himself with merely passing a No. 4 bougie every month or six weeks. Now, however, he began to suffer severely from spasms and partial attacks of retention of urine after using the instruments, and he also frequently had attacks of rigors. His general health was likewise much disturbed. He, in consequence, applied to Dr. A. This gentleman recommended, as the use of the instruments produced so much disturbance, both local and constitutional, that all attempts to dilate the stricture should be abandoned for a time, and the treatment be directed solely to the improvement of the general health. At the expiration of six weeks' treatment directed to this end, the patient's health was so much improved, that it was thought advisable to recommence the treatment of the local disease. On introducing an instrument down to the stricture, it was found impossible to pass it beyond the obstruction. Dr. A. hereupon recommended the application of the Potassa Fusa to the stricture. This treatment was adopted and continued for several weeks without any perceptible progress being made. During this time, the patient had occasional attacks of retention of urine, and rigors, from both of which he suffered most severely. Finding no benefit from Dr. A.'s treatment, he next placed himself under the care of Mr. B., a surgeon of great eminence and experience. This gentleman, after having made several unsuccessful endeavours to pass instruments, attempted on one occasion to force a sound through the stricture. The result I shall give from the patient's own written account:—"The attempt," wrote the patient, "failed, and was succeeded by syncope, hæmorrhage, and rigors. On the following morning a considerable enlargement appeared in the perineum, attended with increased pain and difficulty in making water. This enlargement continued to increase in size for some days, with every appearance of ending in suppuration; but, by the application of leeches, the employment of warm baths, fomentations, quietude in bed, and the subsequent use of mercurial ointment, it became to a certain degree absorbed, leaving, however, a considerable induration and thickening, which extended through the whole length of the perineum."

About five weeks after this, the patient came up to London for the purpose of consulting the late Sir Astley Cooper. On his arrival, he found Sir Astley was out of town; he, therefore,

accompanied by his brother (a surgeon), called on the late Mr. Liston. "This gentleman"—I am using the patient's own words—"after an attentive examination, suggested that a catheter should be introduced through the stricture into the bladder, and there left, which he considered might be effected after the swelling in the perineum had subsided. But as this appeared to us a mere repetition of the treatment by force which had already been tried, and had produced such lamentable results, even in the hands of a very competent surgeon, my brother and myself felt convinced that such a plan was absolutely impracticable. I therefore determined to place myself under the care of the late Mr. Tyrrell. Three times a week, for six weeks, did this gentleman attempt to pass an instrument, but on no occasion could he succeed, and it was quite evident that not the slightest progress towards success had been made. I experienced no ill effects from Mr. Tyrrell's treatment, as he was most careful. I now decided upon consulting Mr. —, who, I was informed, had considerable experience in the use of the Potassa Fusa. I attended him twice a week for five weeks, when I again suffered most acutely after a bougie armed with the Kali had been introduced. As the instrument was being passed, I felt it jump, as if it had caught in the lacunæ, and so stated at the time. A small quantity of coagulated blood followed its withdrawal, and on my next voiding urine, the pain was intolerable, and the penis swelled as if it would burst. I was shortly after this seized with cold shiverings to such an extent, that in less than five minutes I could scarcely hold a cup to my lips. The cold stage was succeeded by burning fever, attended with such pain in my joints and loins, that I almost prayed to be released from my sufferings by death. On the following morning, I sent for Mr. —, who assured me there was no cause for alarm, and that he attributed my sufferings to the urine passing over that portion of the urethra to which the Potassa Fusa had been applied. I had three or four subsequent attacks of rigors within the next twenty-four hours after this operation. I was unable to attend Mr. — for a week or ten days; when I did, he again commenced his operations. After some time, however, finding that I was obtaining no relief, I returned home."

Shortly after the patient's return, he succeeded in passing a

small wax bougie. After this, he continued to introduce small wax bougies every four or five days, sometimes passing them through the stricture, and at other times failing to do so. These attempts were frequently followed by additional difficulty in voiding the urine, and by slight attacks of rigors. In this way he struggled on for some months, when he was no longer able to pass any instrument beyond the stricture, and suffered severely from retention of urine and rigors. The patient's account then proceeds thus:—"My general health was now becoming seriously impaired. I suffered more or less every day from retention, and was seldom able to make water on rising in the morning, except by drops. This continued until twelve or one o'clock, when it would partially cease. My urine was ammoniacal, and I frequently passed lithate of ammonia in considerable quantities, accompanied by a mucous deposit. These salts were passed with extreme pain and difficulty, occasionally causing a stoppage, which created great mental anxiety. Fortunately, General I., with whom I was intimate, and who was aware of my sufferings, called upon me with Major H., a patient of Mr. Courtenay's. We compared our symptoms and sufferings, and found them to be similar, with this material exception, that his were past, mine present."

In consequence of this interview, the patient, accompanied by his brother, waited upon me. Upon introducing an instrument, I ascertained that the stricture was situated at the junction of the bulbous and membranous portions of the urethra. It was impervious to all kinds of instruments. The perineum was indurated and enlarged throughout its whole extent. The glans penis had the whitened and indurated appearance generally seen in severe cases of stricture. The orifice or lips of the urethra were indurated, giving the appearance of a cartilaginous band surrounding this outlet. The general health was much disturbed. On a careful review of the past history of the case, the deranged state of the patient's general health, and the extreme soreness existing throughout the whole course of the urinary canal, as well as the tenderness and sensation of pain in the perineal swelling, I came to the determination not to use any instruments in the treatment of the case in its then existing state, but to direct my treatment to allaying the excessive irritability of the parts. To

this end, I ordered six leeches to be applied on the perineum once a week, the hip bath to be used night and morning, mild alterative aperients, and such other general treatment as the state of his health required. This course of treatment was commenced on the 16th of July, and by the 5th of August the patient's state was so much improved that I commenced the treatment of the local disease. I resolved, at the beginning of the treatment, not to use a small instrument of any kind, or make any attempt to introduce such a one into the strictured portion of the canal, but to pass down to the seat of obstruction first a full-sized bougie, and then, on its withdrawal, a similar sized bougie armed with the Potassa Fusa, keeping it steadily pressed against the obstruction. I also directed the patient to inject an opiate enema an hour before the time fixed for our operations to commence. This treatment was steadily persevered in till the 22nd of September, when I succeeded in passing to the bladder, with perfect ease, a larger sized instrument than had been passed since the commencement of the disease. During the whole treatment the patient never had a decided attack of rigors, or suffered from retention.

A few days after this, I passed with ease a No. 8 metallic bougie. At the next operation, I had some difficulty in doing so, and there was considerable bleeding after the withdrawal of the instrument. I therefore determined for the future to use flexible catheters, but as they were increased in size the hæmorrhage also increased. In consequence of this unpleasant symptom, I determined on introducing a catheter, and keeping it fixed in for a period of twenty-four hours. This plan was continued, without any inconvenience or untoward symptom, till a No. 11 catheter could be passed. The patient returned home at the end of November. The following Christmas I spent a few days with him at his residence in the country. At this time, although the same sized instrument could be passed, yet it did not go in without some pressure being necessary; moreover the urethra was very irritable, and there was at times considerable uneasiness in the perineum. Under these circumstances, I recommended that a somewhat smaller instrument should be passed, and at longer intervals, once in a fortnight, the hip bath used night and morning, leeches applied occasionally to the perineum, and an ointment,

containing iodine, rubbed over the region of the swelling. This plan appeared to answer for a time; but in the course of a year the patient was obliged to lessen the size of his instruments, and all his old severe symptoms returned, though not to their former extent, as he was always able to pass an instrument of some kind. Subsequently to this period he has come up to London at different times; but although the treatment adopted afforded him partial relief, yet it never did more. He has retained catheters till a No. 10 could be passed with ease; but a week after a No. 4 could not be passed. He came to London in 1849, suffering so severely, that both his brother and myself were seriously alarmed. However, the treatment adopted afforded him some relief, and so far removed our fears. Whilst anxiously thinking over this case and my patient's sad prospects, I recalled to mind the perusal of a case of stricture successfully operated on and published by Mr. Syme, in his work entitled, *Contributions to the Pathology and Practice of Surgery*. I mentioned the case and its results to my patient and his brother; the former was much alarmed, and, without my knowledge, waited on the late Mr. Morton, thinking that, as he had been a colleague of Mr. Syme's, he might be conversant with the operation and its results. This gentleman strongly recommended the patient not to have the operation performed, or, if he did, to "make his will," and also said that Mr. Syme had never performed the operation which I had described. This interview was anything but satisfactory to the patient, who returned and related to me what had occurred. Being perfectly assured that I had made no mistake in my description, I procured Mr. Syme's work, and both the patient and his brother were thereby at once satisfied that I had correctly stated the case as detailed by Mr. Syme. But they were so staggered by the contrary statements and opinions of the late Mr. Morton, that it was suggested that the case published by Mr. Syme might not be *exactly correct*. I at once indignantly repudiated such a thought as unworthy of ourselves, and grossly unjust towards that gentleman. However, it was determined, in consequence of the alarm and doubts which Mr. Morton's statements had created, that the most eminent professional man's opinion should be taken, and accordingly Sir B. Brodie saw the patient with me at my house, where the patient was then staying. Sir B. Brodie having given

an opinion that such an operation might, at all events, afford some relief, the patient, at length, at my urgent request, gave his consent to my communicating with Mr. Syme; and the hopes which he, in his reply to my letter, held out of affording immediate and permanent relief were so strong, that the patient determined on going to Edinburgh and submitting to the operation.

Having thus given the history of the case previous to the patient's going to Edinburgh, I shall now, before proceeding further, place before the reader Mr. Syme's own account of the result of his operation and treatment.

After giving in his account the previous history of the case as received from me, Mr. Syme continued thus:—"On the 13th of June, the patient being in a calm, deep sleep, induced by the agency of chloroform, I divided the stricture and introduced a moderate-sized silver catheter into the bladder without delay, so that the operation was completed in less than a minute. About half an hour afterwards the patient awoke, and found himself lying comfortable without pain or uneasiness. The catheter was removed at the end of forty-eight hours, when, to his great delight and astonishment, the water flowed through the urethra in a full stream, the sound of which was said by him to be more pleasing than the finest music. None of the urine escaped by the wound, and no other inconvenience resulted from the operation. On the 13th of July, the patient returned home, where his progress in the recovery of general health will appear from the following extract of a letter, dated the 1st of August:—"I cannot adduce stronger evidence than by stating, that a few days since, Dr. —, the medical referee of a life office, voluntarily remarked, that he should not have the slightest hesitation in recommending my life for assurance, although in May last he did not consider it worth a year's purchase.'"

Such was Mr. Syme's account of the case and the manner in which he concluded its history. Now, every person who has watched the progress of the discussions which have occurred in relation to Mr. Syme's operation and treatment, cannot fail to have remarked the avidity with which that person seizes upon every trifling circumstance that he thinks confirms his own views and statements. It is, therefore, remarkable, that in the quotation which he makes from the patient's letter of the 1st of August,

and with which he so flourishingly concluded, there is not *a word quoted having reference to the then state of the urethra*. Mr. Syme only ventured to allude to the improvement in the patient's *general health*, whilst he observed a careful and ominous silence with respect to the condition of the urinary canal. Is it to be believed that the patient merely wrote to inform him of the conversation with the medical man, the improvement in his general health, and at the same time neglected to give him any information of the then condition of the urethra? But, on the other hand, if he did give it, I would ask, why was this, the most important and interesting information, no matter whether good or bad, withheld?

The following facts may enable the reader to answer this question. Within ten days of his (the patient's) return home he had so much irritation in one of the testicles, and was so uncomfortable, that he wrote to Mr. Syme to know if he might apply some leeches to the parts. The following is his (Mr. Syme's) reply:—

“Edinburgh, July 21st,* 1849.

“I am glad to hear that you got home in safety. The uneasiness you mention is not of the slightest consequence, and should not be honoured with any attention, more especially the application of leeches. Just have patience, and in a little while you will find yourself quite right in all respects. You should not introduce the instruments oftener than once a week for three or four weeks, and then once a fortnight for the same period, *after which you will require nothing further.*”

Now, let any impartial person again read over Mr. Syme's account of the case, and especially the quotation from the patient's letter, dated August 1st, with which he ended, and then say, if in the face of the facts I have stated, and the evidence of his own letter, *the whole tendency of his relation is, or is not, knowingly and wilfully to suppress the truth, and imply that which is false?*

Is the circumstance of his writing so shortly after the patient left to recommend the use of instruments, so immaterial as not

* The patient only left on the 13th.

to be worth mentioning? Can there be any doubt that this fact was suppressed in order to give more *éclat* to his representation as to the result of the case? It would, indeed, have destroyed the prestige with which he had so cunningly contrived to surround the termination of his account of the case, to have added the damaging fact, that on the patient's return home, *he was to practise on himself a course of treatment with bougies for some six or eight weeks.*

But this is not the first instance of "*suppressio veri*" which the account contains, as the following extract from a letter, written a few hours after the operation, by the patient will prove:—

"3 o'clock, Wednesday, 13th.

"My dear Courtenay,—Mr. Syme performed the operation about half-past eleven, and left me in charge of his assistant. He came again at one, *and tied a vessel that was bleeding very fast.* I have a No. 7 silver catheter tied in to remain forty-eight hours. Mr. S. says the operation *was perfectly satisfactory* to him, but that the stricture was so hard, that he had some difficulty to cut through it. I did not feel the operation or know anything about it. I am not very comfortably situated for writing, and wish a few days had passed. *I write that you may see my handwriting.*"

We have here another instance of *suppressio veri*. I would ask, is hæmorrhage of so profuse a character as to require the application of a ligature to arrest it so unimportant as not to be worth mentioning? Does this accord with Mr. Syme's representation that no inconvenience resulted from the operation, or his oft-repeated declarations that hæmorrhage never follows the performance of the operation? In a letter bearing date the 19th of June, the patient wrote, "I have every reason to be thankful I am doing as well as I am. Since the withdrawal of the catheter on Friday, I have continued to make water as well as I could wish, although perhaps the stream *is too flat* to be considered *original*. The wound, though not painful, is troublesome, as it continues to *ooze* and *bleed*. This morning Mr. Syme passed a No. 7 metallic instrument, and says he could have

passed a much larger one to his satisfaction. I must confess, however, I wish it had gone in more readily. It did not appear to be tight, but to require guidance. Mr. S. attributes this to the funnel tightness, which both you and I know existed before the stricture." The next letter is dated 26th of June: in this the patient writes, "My dear Courtenay,—You will, I am sure, be glad to hear that Mr. Syme is perfectly satisfied with the result of the operation and the progress I am making. The wound is healing fast, and this morning he passed No. 9. He says this is a very important period, as the wound is healing *very* fast, both internally and externally, and if left to itself *would probably contract again, although the stricture is permanently removed.* The little comparative suffering I have undergone, and the decided benefit I have experienced, makes me think, *can such things be permanent?* I am always very nervous on the passing of the catheters, because they do not go in '*slick,*' but require a little management at the turn."

Now, shortly after the patient's return home, he began to find increasing difficulty in passing instruments, spasms after their introduction, uneasiness and difficulty in voiding urine, and in a word, all the unfavourable symptoms which had previously baffled all treatment, but still in a less degree than previous to Mr. Syme's operation; and he repeatedly wrote to me on the subject. But, as I did not think it right to interfere in the case without that gentleman's sanction, I invariably desired him to apply to Mr. Syme, and I know he did so. However, somewhere about the end of September, or the commencement of October, the attempts to keep the strictured portion of the urethra dilated by the occasional introduction of instruments, as in the ordinary manner, and according to Mr. Syme's advice, caused, as had always previously happened, so much irritation, spasms, and dispositions to attacks of rigors, that the patient wrote to ask me if I thought he might, on these occasions, retain a catheter for some twenty-four hours, or, at all events, until it ceased to be held, or its presence to excite spasms, hoping that thereby he should escape the serious inconvenience which the mere introduction and temporary retention of the bougies excited. In reply I recommended that he should write to Mr. Syme and inform him of his unfortunate condition, and ask his opinion on the point. On the 12th of October, he wrote

me as follows : " My dear Courtenay,—I write, as you may be anxious to hear from me, although I have nothing satisfactory to communicate about myself. I wrote to Mr. Syme on receipt of your letter, to ascertain whether I might retain a catheter, and expect to hear from him to-morrow. When he wrote me on the 8th, he had not received my letter, *and was very anxious to know how I was going on.* I have had two attacks of rigors within the last three weeks, and am very subject to cold perspirations in bed."

Now I think it is very clearly established from the preceding account, that from the time of the patient's leaving Edinburgh up to the publication of Mr. Syme's book, sometime in November following, the patient was gradually and steadily relapsing, and that Mr. Syme was made perfectly aware of the fact. We see by the patient's letter, that when Mr. Syme wrote to him on the 8th of October, he, Mr. Syme, was so fully aware of the unfavourable condition of the patient, that he *was very anxious to know how he was going on.*" And yet with this entire knowledge on the part of Mr. Syme (as the patient's letters show) of the patient's continued retrogression, from the period of his leaving Edinburgh up to the publication in question, Mr. Syme had the temerity to attempt to palm upon his readers such a history of the case, and the result of his treatment, as I am here, in the cause of truth and suffering humanity, compelled to republish. But this is not the whole extent of the tergiversation displayed by the Edinburgh Professor in relation to this case. For when the truth of his account was questioned, he not only attempted to justify his statements, but by further misrepresentations he also endeavoured to conceal the utter failure which had resulted from his operation. I submit the following evidence in corroboration of these statements.

In the year 1852, there appeared in the November number of the Edinburgh Monthly Journal of Medical Science an article entitled " Urethrotomy : a Page in the History of Surgery. By Crito Hypercriticus, M.D." The object of the article (which it is as well the reader should know appeared in a journal of which Mr. Syme is one of the proprietors and editors, and therefore there can be little doubt the article in question was seen by him prior to its publication,) was to support the asserted merits

of the operation, to whitewash the Professor from the charges of "suppressio veri" I had brought against him, and further, by scurrilous and cowardly insinuations, affix a stigma on all those who had ventured to dispute the asserted merits of the operation itself, or questioned the correctness of Mr. Syme's statements. In furtherance of these disgraceful purposes the two following letters purporting to be addressed by Mr. Syme to the anonymous friend or hireling scribe, Crito Hypercriticus, were quoted in the article referred to.

(FIRST LETTER.)

"In a case, which was sent to me in June, 1849, by Mr. Courtenay from London, and which has been made the most of by him and other opponents of the new operation, the patient described himself, in a letter to me in August, as already so well that his usual medical attendant declared he was ready to recommend his life for assurance if required.* The improvement, however, did not prove altogether permanent. Before the end of the year,† the patient complained of some threatenings, attributable to nervous anxiety.‡ In the following February he had an attack of retention similar to those he had previously experienced.§ Still, so far as could be gathered from

* We here see Mr. Syme in his attempt, in 1852, to justify his misstatement, adopting the same system of suppression of facts as he practised in 1849, and which I have already exposed. He again refers to the letter written in August, but not a word does he even now say about those written subsequently in the months of September and October, and consequently long before he published the flourishing and erroneous account I have already quoted.

† Yes, and this before Mr. Syme's book was published: see the patient's letter dated 8th of October.

‡ Nervous anxiety! What does Mr. Syme mean by this? Nothing in the patient's letter appears whereon to found such an assertion. Consequently it is evidently a mere phrase introduced by Mr. Syme to conceal his own failure and mis-statement.

§ Contrast this softened account with the statements referring to the same period, contained in the patient's letter dated February the 5th, at page 95, and wherein he mentions having received a letter from Mr. Syme, in which that gentleman said he had not written before "*because he was quite at a loss to account for the state the patient represented, and the best plan to be adopted for relief!*"

himself, his general health has continued better ; and the disease, though not removed, has been less troublesome than before the operation. 'Most thankful,' writes he the last time I heard from him, in April, 1851, 'am I to be able to say, I certainly am better than before I went to Edinburgh.'

"I think the imperfect result of this case, and some others in the early part of my practice, may be attributed to one or both of the following circumstances,—the importance of which I had not ascertained at that time from experience ; viz., *first*, that the strictured part of the urethra may not have been divided freely enough ; and, *secondly*, that the precaution of occasionally passing a bougie was not observed long enough. When I introduced an instrument some days after the operation, the patient remarked that it 'jumped' at the seat of contraction, instead of passing smoothly along the whole urethra, as I now always find it do ; so that it must have encountered an appreciable, though slight resistance, which a more free division of the urethra might have removed. I supposed at the time that the incision would be sufficient to obviate any tendency to contraction in future ; and I therefore advised the bougie to be laid aside so soon as the wound of the mucous membrane could be considered as fairly healed.* I have been long aware, however, of the possibility of unfavourable results from these two errors ; but among the cases I have operated on during the last two years, I am not acquainted with a single instance of relapse."

(SECOND LETTER.)

"The patient sent by Mr. Courtenay was operated on in Edinburgh in the end of June, 1849. Before the middle of July he was so well as to return home to the south-west of England, with every apparent prospect of thorough recovery. Immediately after this long journey he suffered from irritation in one of his testicles ; on account of which I sent him before

* These reasons cannot apply in this case, as the patient never ceased to introduce the instruments until long after the mucous membrane must have healed, if heal it did.

the close of July a comforting note,* with the assurance that he would nevertheless be soon well again. Accordingly, on August 1st, the patient wrote to me in glowing language how prosperously his case went on, and mentioned among other things, that 'a few days since a medical referee of an assurance society, Dr. —, formerly one of your pupils, voluntarily remarked that he should not now have the slightest hesitation in recommending my life for assurance, when in May last he did not consider it worth a year's purchase.' † In November of the same year, in my pamphlet on 'Stricture of the Urethra and Fistula in Perineo,' I described this case among others, as having been cured; which it is evident I had good reason at that time for doing. ‡ Before the end of the year, however, the cure proved not to be permanent or complete. This I have adverted to in a previous communication to you, in which I have likewise mentioned the probable cause, and suggested a precaution for avoiding such imperfect success in future. When I last heard of the patient, in April, 1851, he continued to be in a materially improved state—not quite well, but in comfort, when he passed the catheter every five or six weeks." §

Such are the statements by which Mr. Syme endeavoured to justify his first publication of the case, and also endeavoured to conceal the utter failure which subsequently resulted. Now, would any person credit, after reading these statements, that, so conscious was Mr. Syme of the extent of the failure in this case, that he had positively, after the publication of his book, and before the

* The letter referred to is the one in which he recommended the patient to pass instruments for seven or eight weeks, and this Mr. Syme calls a comforting note. Very comforting, truly, to a patient, after having submitted to such an operation, and been assured that his stricture was completely removed, to be told that he must forthwith commence a course of treatment with bougies. Besides this, mark the suppression here again; not a word is said about the recommending the patient to pass instruments.

† Here again the dodge which I have already exposed of referring to the letter written in August, and ignoring the receipt of the subsequent letters written long before Mr. Syme's book was published, is continued.

‡ What! in the face of the patient's letter dated October 8th, and other previous ones, all received before the publication of Mr. Syme's book!

§ This jesuitical mode of stating a fact I shall presently fully expose.

publication of these letters, suggested to the patient to come again to Edinburgh for treatment? Yet he had actually done so. The following letters and particulars will still further show how utterly unjustifiable were the statements made in the preceding letters, and by which Mr. Syme sought to both clear himself from the charge I had made against him of suppression of truth, and to establish the success of his operation. In December, 1849, only a month after the publication of Mr. Syme's treatise, he wrote the following letter to the patient:—

“Edinburgh, 4th December, 1849.

“MY DEAR MR. ———,

“Although you are thus disagreeably reminded of your former sufferings, I feel satisfied that the character of the disease is no longer what it was,* and if there is any contraction, it is one that will readily yield to bougies. I would therefore advise you to pass the flexible instruments in succession, with such intervals of time as the irritation excited may permit, until the rigid are admitted, and then introduce them occasionally. I wish you were nearer, feeling persuaded that a few days would make you all right, but hope you will be able to manage for yourself.

“Yours truly,

“JAMES SYME.”

In a letter, dated 5th February, 1850, the patient wrote, “For the last ten days I have been very unwell, and I am now so much so as to be obliged to keep my bed for two or three days at all events. My urine is in a sad state, and passed with *difficulty* and *uneasiness*. I have received a very kind and considerate letter from Mr. Syme (he had previously informed me that he had written to that gentleman sometime before, and had not received any reply), who said he did not *write before because he was quite at a loss to account for the state I represented, and the best plan to be adopted for relief.*” A pretty comment this admission of Mr. Syme's is on the statements made in the two preceding letters, addressed to Crito Hypercriticus! On the 19th of February the

* On what grounds this dictum was arrived at it is impossible to say, whilst the ultimate results of the case fully show the worthlessness of the opinions expressed in this letter.

patient wrote me, "I am obliged to give a very bad account of myself, and I am almost afraid I have not derived *any benefit from the operation*. On Thursday night last I was seized with rigors and retention, and obliged to keep my bed on Friday, *retaining only a small No. 2 catheter*. I now make water very badly, although rather better this morning. I cannot pass more than No. 4, and *indeed all instruments are held*." From this time until April his letters were much of the same character, containing accounts that he was sometimes better, sometimes worse. Towards the latter end of the month, he came up to London for a day on business, and I saw him for a few moments, when he gave me a most melancholy account of his sufferings. Shortly afterwards I received the following letter from a friend of his:—

"MY DEAR MR. COURTENAY,

"I grieve to tell you that poor — is very ill; ever since he returned from London he has been suffering more or less, but was much worse yesterday afternoon and during all night, not being able to pass the smallest catheter, or obtain the least relief, that I fully made up my mind to beseech you to come down to-day by —, who left here at seven o'clock this morning for London. But — felt loath to send for you, knowing how much engaged you are, and besides, towards daylight, he was somewhat relieved. However, ever since that time he has been suffering dreadfully; he has not succeeded in passing any instrument, and the obstruction, he says, is not so much from spasms, as some obstacle stopping up the passage. Dr. — is here accidentally, and has told him to put on some leeches. He has had two hot baths at twelve last night, and again to-day, and about 130 drops of the 'black drop' since eight o'clock last night. It is now half-past three o'clock, and he has obtained a little relief by making about a wine-glass-full of water. Should the leeches not give him relief, and should he be as ill to-morrow, I must send for you by the express train, as I feel assured, if you are able, you will come down and do what you can for him. Indeed his sufferings are terrible, and the laudanum seems to have no effect upon him." As all the remedies failed in relieving him, I received a summons by the express train requesting me to proceed without delay to the patient. On

my arrival, about two o'clock in the morning, I found that he had been able to void small quantities of urine, although not sufficient to afford him complete relief. Upon attempting to introduce different kinds and varied sizes of catheters, I found it impossible to do so. I therefore did not persist in the attempts, but directed a large instrument to be passed down and kept pressed against the stricture. This enabled the patient to void a little more urine, and kept him comparatively easy till towards seven in the morning. I then made another attempt to pass an instrument, about No. 2; but, although I succeeded in getting it into the grasp of the stricture, I could not pass it on to the bladder. After I had kept it in some time, I withdrew it, and the patient himself then passed a very small catheter through the stricture to the bladder. This was fixed in, and I then returned to London, as there was no doubt that, after it had been retained for twenty-four hours, he would be able to pass instruments as usual.

On the 30th of May, he wrote—"You will be glad to hear that up to the present time I have been quite free from spasm, pain, or irritation. Could I but remain as I am, I should be quite a different being; but, alas! experience shows this cannot be." In a letter dated June 14th, he says, "Since I last wrote to you, I have been in great comfort, having made water of a healthy character freely without irritation. Perhaps you will say that I ought to have passed a catheter in the interim, but you cannot wonder at my reluctance, when I know that by so doing I always bring on retention. I am now in bed, and hope to be able to get up to No. 10. I am sorry to say there is great disposition to contraction, as I could only pass a No. 4 yesterday; but I find, nevertheless, that the urethra dilates much more readily." In another communication, dated 3rd of July, he says, "I am again in bed, having been very unwell since Saturday; on which day I passed a catheter, and was afterwards taken with one of the worst shivering fits I have had for years. For the last three days I have passed, with great irritation, the alkaline deposit, which, this morning, came from me like a *thick paste*, which, when dry, resembles a *layer of lime*." On his passing through London in September, I saw him and found he was as bad as ever.

About the end of October I had this account from him:—“Since I last wrote you I have been very ill and confined to my bed. On Saturday week I was seized with two of the most dreadful shivering fits I ever experienced. Since then, I have been suffering from alkaline urine, spasms, &c. It will be some time before I get over this attack—it is shaking me terribly.” He wrote on the 29th of December, 1850, “Is it not strange that since my last attack, six weeks ago next Wednesday, I have not had any attack of retention or irritation, although at times the urine has been unhealthy.” The next letter appears to have been written shortly after one which I cannot find; it is dated Jan. 15th, 1851. He writes—“I am still confined to my bed, suffering much from mucous alkaline deposit and uneasiness about the kidneys; your advice of retaining the catheters appears the only thing that affords relief.” He has been confined to his bed once again since this.

The next letter I shall quote is dated February 18th, 1851. He writes, “I am pretty well now, but anticipate my monthly visitor next week. It is rather singular, however, that lately I have been able to refrain, without inconvenience, from passing a catheter a much longer period than heretofore.”

Such are the accounts which the patient forwarded to me, from the time of his placing himself under Mr. Syme’s care, to the above date; and Mr. Syme was kept equally well informed of the miserable condition to which the patient was reduced; and yet, with this knowledge, he ventured, as we have seen, in the year 1852, to publish such representations in regard to the patient as we find in the above-quoted letters to *Crito Hypercriticus*. Let the reader mark the assertion or representation with which Mr. Syme concluded his second letter, to the following effect:

“When I last heard of this patient in April, 1851, he continued to be in a materially improved state, not quite well, but in comfort, when he passed the catheter every five or six weeks.” Let the reader recall the account of the patient’s condition which I have just narrated, and note the explanation which I am about to give, in regard to the patient’s passing an instrument once in six weeks, and then say if this concluding statement of Mr. Syme is not calculated utterly to mislead the reader as to the patient’s true condition? “*When he passed the catheter every five or six*

weeks," is Mr. Syme's mode of describing the patient's condition. How simple and beautiful it sounds! How nice it reads!! How wonderful the relief!!! What greater amount of relief could a patient desire, having for years laboured under such an intractable stricture, and endured so much suffering? How unreasonable, therefore, not to say ungrateful, must he be, not to be satisfied! And what malignant carpers must those, who have denied Mr. Syme's statements in respect of the results of this case, appear in the eyes of such as may be credulous enough to believe his representations! But, alas! for the Professor's complete veracity, although the fact of the patient's only requiring (on an average) to pass a catheter once in five or six weeks is true, yet the inference he would have the reader draw is totally erroneous, and wide indeed from the true state of the case. *For when the patient has so passed it, he dare not withdraw it in the usual manner, as Mr. Syme's mode of stating this fact would lead everybody to infer. But he must then go to bed, wear it for twenty-four hours, then pass another, and retain it also for the like time, and so on till a moderate sized one lies perfectly loose in the urethra.* This feat accomplished, he may then leave his bed, and, unless anything unusual occurs, he may after this remain pretty well for another interval of five or six weeks. Such was the patient's condition, from February the 5th, 1850, up to the end of the year 1851, the period referred to in Mr. Syme's statements; and I defy him to deny that he was not perfectly aware of the patient's relapse and sufferings—or rather, I challenge him not merely to deny his being aware of this, but to do SOMETHING MORE—PROVE THE TRUTH OF HIS DENIAL. Yet this man, with a full knowledge of all the circumstances I have narrated, had the temerity to allow such statements as are contained in the article of "Crito Hypercriticus," to be published in a journal of which he is one of the conductors!

Having thus cleared this case and its results up to the above-mentioned period from the misrepresentations by which Mr. Syme has surrounded it, I shall now as briefly as possible mention its subsequent course.

From the period last mentioned up to June, 1857, the unfortunate patient continued gradually to find more difficulty in passing urine, to suffer more from spasms after retaining the

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catheters, whilst the urine became ammoniacal and loaded with phosphates, and there was a profuse mucous discharge from the bladder, which, from its consistency, partially blocked up the stricture, and created great difficulty in expelling the urine. Sometime previous to the period just mentioned, the patient began to experience pain in the perinæum on voiding urine, and a swelling gradually appeared in that part, which slowly increased, and ultimately involved a portion of the scrotum. By the time mentioned above, the swelling had become so painful and the patient so ill, that I was requested to go down to Somersetshire to see him. On my arrival I found that infiltration of urine was going on, and I therefore immediately made a free and deep incision into the perineal swelling, and immediately a profuse discharge of extremely foetid pus and urine escaped by the incision. When the patient next voided his urine, a portion of it escaped by the fistulous opening. Since this the patient's condition, in regard to his stricture, has been much the same as before. There are now two openings in the perinæum through which the urine continues to escape.

Viewing this case apart from the misrepresentations and painful discussions with which it has unfortunately been mixed up, it not only presents a striking instance of the utter fallacy of Mr. Syme's doctrines, in regard to the adequacy of his operation to effect a complete and permanent cure in strictures of this description, but the subsequent occurrence of extravasation of urine, presents a most important question to the consideration of every surgeon who may contemplate the performance of this operation for the relief of stricture. For it would appear, from the result in this case, that should the patient, after submitting to this operation, be subjected to a relapse, he would be especially liable to incur all the sufferings and danger always more or less attendant on the occurrence of extravasation and infiltration of urine. And indeed, although I am not aware that this objection has been before urged against the performance of this operation, yet, when we reflect on the well-known fact, that *when once the continuity of the urethral walls has been destroyed*, as the result of stricture of that canal, and extravasation of urine ensued, the patient *ever after remains peculiarly liable to a recurrence of this accident should he again become the victim of stricture*; and

this, notwithstanding the fistulous openings may have been and remained apparently healed for years, it does not seem improbable that the incision of the urethra, and the greater or less escape of urine *by the wound which results from Mr. Syme's operation, may leave a somewhat analogous condition of the parts to that which remains as the consequence of the occurrence of a urinary fistula arising under the more ordinary circumstances.* If this be so, *and since it is now a well ascertained fact that the boasted permanency of cure effected by the operation is a fiction,* this liability to all the sufferings and dangers of extravasation of urine superadded to the original malady, should a relapse occur, would appear to raise an almost *insuperable objection against the performance of the operation under any circumstances. At all events, it must render the performance of this operation in the reckless manner hitherto practised by its advocates, perfectly unjustifiable.* Of course, in those cases in which urinary fistulæ already exist, this especial objection would not rule the treatment. There is, however, another question which the results of our increased experience of the consequences of this operation forces on our consideration; viz., whether we can be sure that the wound we make in the performance of the operation will heal,—in short, whether or not this is so much a matter of course as the statements of Mr. Syme and others would lead us to believe. The following letter, addressed to me by the brother of a late distinguished Cavalry Officer, who, after enduring all the sufferings incidental to the Crimean campaign, and passing scatheless through the glorious although disastrous cavalry charge at Balaklava, on his return to England was unfortunately induced to submit to this operation at the hands of Mr. Syme, may serve to illustrate this point.

“ 20th December, 1857.

“ MY DEAR SIR,

“ In answer to your questions respecting my poor brother Frederic, I beg to say that, when in Scotland, he wrote me word that the operation had affected his general health so much, that, for the first 14 days, he could not keep anything on his stomach; but I was not very much surprised at that statement, when I

remembered that he had been affected much in the same way when under milder treatment, though *not to the same extent*. He told me, two days before his death, that he had an impression on his mind, soon after the operation, that it was his death blow! nevertheless, he so far recovered as to be induced to go and pay two visits in Scotland; but *the cuts never healed*, and I believe he never recovered his appetite, or really *enjoyed his food afterwards*. It is only right to mention that the medical men who saw him at _____ considered that he had diseased kidneys, but that he was in such a weak state of health then, that they could not venture to take any active measures for his relief.

“I remain, my dear Sir,

“Yours very truly,

“_____.”

Now, although the patient in this instance so far recovered from the immediate ill effects which resulted from the operation as to get about, yet we see from his brother's letter that he never completely rallied, whilst he ultimately died with the wound made by the operation unhealed. If the statement that he laboured under organic disease of the kidneys be correct, it should have been, in my opinion, an insuperable bar to the performance of the operation; and this fatal result is only another instance of the imprudence and danger of performing this operation in the indiscriminate manner in which it has hitherto been practised both in Edinburgh and in London.

The following is another instance illustrative of the fallacy of the asserted permanency of the cure effected by the operation, as well as the falsity of the asserted freedom from danger which attends its performance.

CASE XXV.—Captain P——, sometime about the year 1838, consulted me in consequence of suffering under a permanent stricture of the urethra, complicated with great irritability and spasms, which occasioned frequent and severe attacks of retention of urine.

By a few applications of the potassa fusa to the strictures, and the introduction of bougies, he left my care apparently com-

pletely relieved. In the year 1848 he called upon me, and informed me he was again suffering under stricture, and the same irritable condition of the urethra. I again attended him, and the treatment adopted this time was the occasional application of the potassa fusa, and retention of catheters on the plan of prolonged dilatation. Under this treatment, in the course of six weeks, he improved so as to be able to pass about a No. 8 bougie. But the soreness and irritability at the seat of stricture, although greatly relieved, was not altogether removed. He then returned home, promising to let me see him occasionally, as I did not consider him sufficiently well to leave my care. But after two or three visits, he wrote to say he found coming to London so inconvenient, that he should pass instruments for himself, and see what he could do. In the year 1850, finding he could not manage himself, he came up to me, and I again afforded him some relief, but still the extreme soreness at the seat of stricture, with disposition to spasms, continued. He now left London, and promised to come to me occasionally; but, as before, he neglected to do so. However, I saw him some months after that in London, on his way to America, and he said he kept pretty well, although he still felt the soreness at the seat of stricture. On his return to this country, after an absence of some months, he called on me, and said he had suffered considerably from the spasmodic irritation whilst in America, but he could not yet adopt any further treatment. Alas! this was the *last time* I was ever to see him, poor fellow! What was his after condition, I know not. But it would appear that, attracted by the asserted superiority, safety, and, above all, the permanence of cure obtained by submitting to the operation of perineal section, he was induced to go to Edinburgh, and submit to this operation at the hands of Mr. Syme. As far as dependence can be placed on this gentleman's statements, it would appear from the history of the case given in a paper on stricture by him, read before the Medical and Chirurgical Society of London in the year 1853, the operation was eminently successful, and the patient returned home completely cured. But from the last edition of Mr. Syme's Treatise on Stricture, it would appear that the relief afforded by his operation was even more transient than that obtained by all other treatments.

For we find the patient again at Edinburgh, in less than eighteen months submitting to a second operation, *and within eighteen days of its performance,—a corpse!*

The following is Mr. Syme's account of the result of his second operation.

"The other case (Mr. Syme has just been relating another instance of death after the performance of his operation) was that of a gentleman, who, by means of the operation in question, had for more than twelve months been completely relieved from a contractile stricture, which was aggravated instead of being improved by the ordinary means of treatment; but subsequently, suffering a partial return of the symptoms, desired a repetition of the procedure which had occasioned him so little trouble, and afforded him so much comfort. Believing that the tendency to relapse proceeded from the contracted part not having been divided with sufficient freedom, I readily complied with his request. The catheter was removed on the second day, when the patient seemed perfectly well. On the third day he expressed himself as being so; and on the fourth I found, that, without waiting for my sanction, he had dressed and left his bedroom. In the afternoon of that day, while still feeling perfectly well, he went to make water in his bedroom, and then felt an acute pain which made him faint and fall in the passage with such force, as to graze the skin of his eyebrow and knee. At the same time he had a severe rigor, and in recovering from it complained very much of the injured parts. Next day the pain of his knee became intense, and the eye exhibited signs of internal inflammation. Symptoms threatening effusion into the pericardium then ensued, but disappeared after the application of blisters. The urine passed freely, and there was no swelling of the scrotum or perineum. In the course of a fortnight, although it was evident that suppuration had taken place at the knee, and that the eye was obscured by effusion of lymph, such an improvement took place in other respects, that expectation of recovery was entertained both by Dr. Christison and myself. But in the commencement of the fourth week indications of cerebral excitement presented themselves, and soon assumed an alarming character, which in a few days were verified by the death of the patient. His body was not examined, but the nurse who assisted in

arranging it saw that some matter issued from the wound, which had seemed quite closed. As extravasation of urine, four days after the operation, is quite out of the question. I suppose there can be no doubt that the local suppurations and fatal termination must be attributed in this case also to a pyemic state of the system.

Having given Mr. Syme's account of the case, I now submit to the reader's consideration the history of the case, as furnished me by a brother of the unfortunate patient.

"July 3rd.

"MY DEAR SIR,

"My brother's death is indeed a great sorrow to us, and a heavy calamity to his young widow and children.

I could not get a satisfactory explanation from Mr. Syme as to the cause of his death, but a medical friend has explained it to me in this way (you will know whether correctly or not).

After the operation of cutting open the seat of the disorder, in order to remove the stricture, the inner surface of the wound was not sufficiently healed, and consequently the urine, by infiltration, was admitted into the system, causing inflammatory action in the different organs, and, in short, poisoning the blood, &c.

When I saw him a few days before his death, he told me that on the 4th day after the operation, he felt quite well, but on attempting to pass water, there was a *slight obstruction, and then a sudden giving way of something within, followed by excruciating agony.* He fell down in a swoon, which lasted about ten minutes. Soon after he was attacked with rigor and vomiting. He became very feverish, the pulse being as high as 130. Inflammation ensued, first in one side of his face, taking away the sight of one eye, then in the knee, and then in the liver and lungs. This was reduced by blisters and other remedies, and he was pronounced to be out of danger; but three days before his death, delirium came on, increasing in intensity till death relieved him of his sufferings. The person employed in laying out the corpse told me that a quantity of matter came away from the part where the operation had been performed, and that the lower part of the spine was turning black, as though much corrupt matter were deposited there.

"His friend and medical adviser in B——, Mr. A——, counselled him against attempting to get a radical cure of his complaint, but to be satisfied with palliatives.

"My dear mother has been saved this great affliction. She died in January last in her 80th year.

"Believe me,

"Yours faithfully,

"——."

"July 6th.

"MY DEAR SIR,

"In reply to your inquiries respecting my poor brother, I have to tell you that this was the second operation he submitted to under Mr. Syme. He went to Edinburgh for the purpose about eighteen months ago, and returned, to all appearance, quite cured.

"I do not know when the bad symptoms returned again, but I know that when he wrote to Mr. Syme some short time since, he made light of the return of his complaint, and said that he would soon rectify whatever was amiss.

"He was operated upon under chloroform on the 1st of June, on the fourth day he was seized, as I described in my last letter, and died on the 18th.

* * * * *

"Believe me,

"Yours faithfully,

"——."

With respect to the causes of the fatal result in this case, I would observe that Mr. Syme's remarks thereon are no more satisfactory to my mind than his verbal explanation appears to have been to the unfortunate patient's brother. In regard to Mr. Syme's assertion that "as to extravasation of urine four days after the operation, it is quite out of the question," I confess I do not see why this should be so; and as Mr. Syme does not venture to assign any reason for the faith that is in him on the subject, I can only regard this assertion as a mere dictum

of the professor's, and one for which I can find no data, either from his information, or the results of my own experience. Whilst, on the contrary, the account furnished me by the brother satisfactorily proves to me that the very event which Mr. Syme declares "to be *quite out of the question*," *did actually occur "on the fourth day after the operation."* The brother, in his account, says, "on the fourth day after the operation he (the patient) felt quite well; but on his attempting to pass water there was a *slight obstruction, and then a sudden giving way of something within, followed by excruciating agony. He fell down in a swoon, which lasted about ten minutes. Soon after he was attacked with rigor and vomiting.*"

It appears to me that no one having any experience in the treatment of strictures can arrive at but one conclusion from these details: viz., that at the moment when the patient "*felt something within suddenly give way*," disruption of the edges of the incised urethra took place, this being the result of the accumulation and pressure of the urine at the seat of the stricture and wound—caused by the impediment to the voiding of his urine, of which the patient at the time expressed himself sensible; whilst the "*excruciating agony*" immediately experienced was most clearly the result of the escape of the acrid urine into the surrounding tissues. The succeeding rigor and vomiting are additional and corroborative evidence to the same effect. I appeal with confidence to such of my professional readers as have had described to them, or witnessed, the train of symptoms presented by patients whose strictures and urethræ have been torn through, whether the foregoing account of this unfortunate patient's sufferings does not exactly correspond with the sensations and symptoms those patients for the most part experience on first voiding their urine after the infliction of such an injury, and the thereupon occurrence of extravasation? Whilst, the subsequent to death, discovery of the discharge of "*a quantity of matter*" from the "*apparently healed wound*" is a further confirmation, as showing that the escape of urine on the fourth day, as I believe, was followed by the natural and almost inevitable result of such an accident, viz. the formation of a perineal abscess. And there is no doubt on my mind that, whilst the miserable patient was

being blistered, &c., and his medical attendants deceiving themselves into a hope of the patient's recovery, that this, as it would appear, unsuspected abscess, with its pent up pus and urine, was exerting a fatal, although unappreciated, influence on the ultimate termination of this truly disastrous case.

Now, if we test Mr. Syme's statements in relation to this case by the brother's lucid account, we can detect, I think, a certain degree of distortion and suppressions of facts even in this instance, although not to the same extent as in W. K.'s case. It is very distressing to be compelled thus to refer to the tergiversation displayed by Mr. Syme in the histories he has published of some of his cases; and if the questions involved thereby were merely personal to Mr. Syme and myself, I would indeed much rather refrain from the exposure. But there are higher and far more important considerations involved in the elucidation of the truth, the whole truth, and nothing but the truth, in regard to the merits of perineal section as a remedy for strictures. The cause of science, of truth, and of suffering humanity, I feel, equally and imperatively demand that I should not knowingly allow such erroneous statements to remain uncontradicted. In a question of this kind, involving both the credit of the profession, and, it may be, the lives of our suffering fellow-creatures, I, for one, feel that, in dealing with a man of Mr. Syme's temperament, it would be delicacy altogether misplaced to indulge in *dilettante* language or representations either in speaking of his mode of narrating the result of his cases, or in referring to the demerits of his operation as a means of treatment. For it appears to me, that Mr. Syme's egotism is of such an exalted character, that he either will not or cannot see the whole truth in regard to the merits or results of any modes of treatment which it pleases him for the time to adopt; and I think that such of my readers as have watched the professional career of Mr. Syme, will agree with me, that this remark is not merely applicable to his conduct in regard to the operation more immediately in question, but may be equally applied to others which he has performed, and which have been made the subject of discussions.* In short, it seems to me that the all-prevailing

* See Mr. Gay's letter in the *Lancet*, of the 29th of March, 1851, in reference to an operation of Lithotomy performed by Mr. Syme.

idea in Mr. Syme's mind is, that whatever mode of treatment he may choose for the time to adopt in any given case, is the treatment *par excellence*, and that he is perfectly justified in supporting his theories and practice by any partial statements he may choose to publish; as also that he himself—or through the medium of his friends or hireling writers—is privileged to indulge, directly or indirectly, in the grossest insinuations against the character and motives of those who venture to question his statements or his views.* Entertaining these opinions, together with a strong conviction that the operation recommended by Mr. Syme is neither the permanent nor the safe means of cure which he represents it to be, I should deem myself guilty of the vilest moral cowardice did I hesitate to express myself in the strongest and most explicit manner on the subject, as well as to place immediately before the reader any information I have been able to obtain on the matter. Thus I would state that I have been informed, on what I believe to be undoubted authority, that within the last few months, Mr. Syme has operated in three cases, and the operations have all been followed by fatal results.

In one case, at Manchester, it is stated that on one day an operation was performed, unsuccessfully, and the patient put to bed unrelieved; that on the next day a second operation was performed with success, so far as afterwards passing a catheter to the bladder. Nevertheless, the patient subsequently died. In the second case, it appears a young gentleman from Wiltshire was operated on on the 14th of May last; and then again "something" was done on the 26th of May, and the patient died a few days after. The last case is that of a Capt. B., who died a few days after the operation. I might refer to many other instances in which death has resulted from the operation, when performed by other surgeons of equal operative skill to Mr. Syme; as also to many cases in which the patients have suffered a relapse, after having been operated on, both by Mr.

* See Dr. Renton's letter in the *Medical Times and Gazette*, of 20th of February, 1858, and the general correspondence and statements of Mr. Syme, and that gentleman, in reference to an operation of Excision of the tongue by Mr. Syme, and the cause of the patient's death, in which, it appears to me, Dr. Renton has clearly shown that Mr. Syme was either ignorant of the cause of the poor man's death or wilfully perverted or suppressed the truth.

Syme and other surgeons. But were I to do so, I should extend these remarks beyond the bounds within which I wish to restrict them. The reader who may desire further details on these points, will find ample and valuable information thereon in Professor Lizars's excellent treatise on *Stricture of the Urethra*.

Now, let the reader mark how these cases, and the previous ones which I have related from my own knowledge, utterly ignore all the statements made by Mr. Syme on his introduction of this operation as "a *safe, speedy, and, above all, a permanent means of curing strictures of the urethra.*"

The two cases of W. K. and Capt. P. are just the description of cases for which Mr. Syme announced his operation as being infallible. For whilst he, more or less, recommended his operation as a general mode of curing strictures with "speed, safety, and permanency," he yet described it as more especially adapted to strictures having, like these, "such an elastic or resilient disposition to contract, as to prevent any advantage being derived from the introduction of bougies." However, notwithstanding these assertions, the operation both in these, and in many other instances, not only signally failed in affording the promised relief, but it has also, in too many other instances, both when performed by Mr. Syme and other surgeons, proved fatal to the patients.

Now, further, in the cases both of W. K. and of Capt. P., we have the same excuse made for their relapse, viz., that the relapse was most likely occasioned by the want of a sufficiently free and complete division of the stricture at the first operations. The reader will recall to mind that Mr. Syme, speaking of the first case, W. K.'s, says: "I think the imperfect result of this case, and some others in the early part of my practice, may be attributed to one or both of the following circumstances, the importance of which I had not ascertained at the time from experience: viz., first, that the strictured part of the urethra may not have been divided freely enough; and secondly, that the precaution of passing a bougie was not observed long enough," after the performance of the operation, I presume Mr. Syme means. Now, this second reason could not apply to W. K.'s case, seeing that the patient, in accordance with Mr. Syme's advice (although Mr. Syme suppressed the fact in his

history of the case), attempted to pass bougies for himself for months after the performance of the operation. But, admitting the validity of such an excuse in regard to Mr. Syme's "earlier operations," yet, surely Mr. Syme should not be found years after he has announced his discovery of the necessity of insuring a complete division of the stricture in order to protect the patient from the risk of a relapse, urging the incomplete division of a stricture as an excuse for its return, and, in consequence, the necessity of a second operation. Nevertheless, Mr. Syme says, in speaking of Capt. P.'s case, who was operated on long after the announcement of the discovery, of the necessity to success, of a complete division of the stricture, "Believing that the tendency to relapse" (why not admit at once a positive relapse, for surely Mr. Syme would not cut a patient's urethra open a second time merely because there was a tendency to relapse?") "proceeded from the contracted part not having been divided with sufficient freedom, I readily complied with his request" (the patient's) "to have a second operation performed." *

Now, Mr. Syme represents his operation as being perfectly easy of performance, and free from all difficulty and danger. If this be so, I then ask how is it he does not take care, in all his operations, to divide the stricture with sufficient freedom to insure (if it will) his patients from "a tendency to relapse," as Mr. Syme phrases those returns which render a second operation necessary in his eyes? Are we to regard Mr. Syme as so careless an operator as to neglect taking the precaution of ascertaining that the stricture is divided with the freedom which he has long since declared his experience has taught him to be absolutely necessary to secure a permanent cure; or are we, on the other hand, to infer that, notwithstanding the asserted simplicity of the operation, and Mr. Syme's

* From the brother's letter it would appear, that Mr. Syme, on inviting the patient to pay a second visit to Edinburgh, made light of the relapse, promising soon to put anything that was amiss to rights. Does Mr. Syme by this statement, that he yielded to the patient's request in performing the second operation, mean us to infer that he had not advised it, and thus indirectly seek to cast the responsibility of the second and fatal operation on the patient?

great experience in its performance, the difficulty and uncertainty on these points are so great that he has hitherto failed in acquiring such an amount of diagnostic tact and operative skill as would render a failure on this point impossible, and that thus it is in truth a matter of uncertainty, and even chance, whether, in the performance of the operation, he will or will not succeed in dividing the strictured part with the "freedom necessary" to protect his patients from such a "tendency to relapse" as may render a second operation necessary? Be this as it may, it is obvious, from Mr. Syme's own statements, if his theory, regarding the cause of these relapses, is well founded, that either skill and experience on the part of the operator in the performance of the operation cannot assure such a complete and free division of the strictured part as may render the cure permanent, or else that Mr. Syme has himself failed to acquire them. Leaving Mr. Syme on the horns of the dilemma on which he has placed himself by these statements, I have to declare my own conviction that the reasons he assigns for these relapses are not the sole cause of them. In fact, I am satisfied that the boasted permanency of cure which was so loudly vaunted as resulting from the operation, when it was first brought under the notice of the public by Mr. Syme, has no reality, and that, therefore, however free and complete the division of the strictured part may be, the patient would be still liable to a relapse, notwithstanding Mr. Syme's assertion to the contrary, if he venture to neglect the occasional and regular introduction of bougies for the rest of his life.

Before taking my leave of this subject, I would observe that I do not desire that the reader should infer from the remarks I have felt it my duty to make, that the treatment of stricture of the urethra by external incision should never be adopted. It is not against the use of the operation, but its abuse, and the practice of inducing unfortunate patients to submit to it under false pretences and promises, against which I would protest. What can be more unjustifiable than the conduct of a surgeon, who, after the experience of the last few years, recommends a patient to submit to the performance of this operation, and at the same time assures him that the operation is entirely free from danger? It would seem incredible that any surgeon could do this,

and yet I have reason to believe that there are, even in these days, surgeons who thus, in my opinion, shamefully abuse the confidence of their patients. It is this horrible system which compels me so earnestly to endeavour to free the operation from the exaggerated merits attributed to it by Mr. Syme and others.

Mr. Syme, in introducing this treatment to the notice of the profession, asserted :—"1. That division of a stricture by external incision is sufficient for the complete remedy of the disease in its most inveterate and obstinate form."

"2. That in cases of less obstinacy, but still requiring the frequent use of bougies, division is preferable to dilatation, as affording relief more speedily, permanently, and safely."

Such were the representations made on the introduction of this treatment by Mr. Syme, and, as I have shown, he, both at that time and subsequently, sought to support the correctness of these assertions by publishing garbled accounts of the results of his treatment, in one instance at all events, whilst the results of further experience and time, in cases treated by Mr. Syme and others, show that the operation is most hazardous, and the permanency of relief afforded by it more than doubtful. In fine, the results obtained from the operation prove, on the one hand, that it is not the infallible, the safe, and the permanent means of cure represented by Mr. Syme, and certainly not so safe as the ordinary means of cure when properly carried out; nor is the relief afforded by it more permanent than that obtained by these means. Indeed, when we reflect on the fact that all cicatrices from incised wounds have an inherent tendency to contract, it becomes more than doubtful if the cicatrization which must result on the healing of the urethral incision made in this operation, does not expose the patient to a greater liability to relapse than he would have when treated by the ordinary methods. On the other hand, it is placed beyond doubt that, in some rare instances, if the patient does not mind the risk to life which the performance of this operation, or indeed any other with the knife, involves, he may hope to obtain a more rapid relief than he might by the ordinary means. As to the operation effecting such a permanent cure in cases of old and obstinate strictures, or indeed any kind of stricture, as to render the subsequent use of instruments unnecessary, as at first represented by Mr. Syme, it is a dangerous fallacy into which no sensible patient or

experienced surgeon will I trust in future fall. I speak now from the results of twenty-five years' observation, and extensive experience in the treatment of strictures, and I do not hesitate to say, that the man who has once laboured under a severe permanent stricture of the urethra must count on being compelled to the occasional use of an instrument, *no matter how he has been cured*, if he desires to keep free from all chance of a recurrence of his malady. And, after all, when we reflect on the incessant distress, and sometimes danger, which result from the existence of a severe stricture, the occasional (say once in a month) use of a bougie is but a slight tax to pay for the relief thereby obtained and secured. Indeed, it has often struck me, when I have heard patients who have suffered for years under severe strictures and their complications, and of which they have been cured, complaining of this necessity as a great hardship, that they speak without reflection. For if we consider the amount of disease, not only in the urethra, but in other portions of the urinary organs, which is frequently excited by the presence of stricture in the urinary canal, and the number of years it may have existed, and then ask ourselves what other important organ of the body, exposed to an equal amount of organic and functional derangement, would be likely to recover to the same extent, and require less care hereafter to keep well, we shall, I fancy, find none other in this respect superior to the urinary organs. In fine, it just comes to this—that with scarcely any exception, the man who has once suffered under serious disease of any important organ of the body, must ever after adopt some form of precaution, according to the part affected, to prevent a recurrence of his malady. The moral I draw from this is, that the patient who has been relieved from his stricture should be both satisfied and grateful if he can keep himself well by such simple means as the occasional introduction of a bougie; and that he should not therefore endanger his life by submitting to dangerous operations, in the vain hope of obtaining such a permanent cure as will render the future use of a bougie unnecessary.

It is not a little singular, that, just as the preceding remarks went to press, there appeared in the *Lancet*, of the 21st of August, a Lecture by Professor Syme, in which he at last makes admissions as to the results of his operation, which, in a great degree, confirm the opinions I ventured to express years ago on its merits,

and which also equally show the correctness of the views expressed in the preceding pages.

The reader will pardon my again referring to those opinions. In the first place, I stated I felt convinced from the results of my many years experience that the operation would not prove the infallible and permanent means of cure represented by Mr. Syme. In the second, I further asserted that the boasted freedom of the operation from all danger would be found as groundless as the asserted permanency of cure was without warrant.

The following remarks are extracted from Mr. Syme's Lecture. I would observe that I have divided them into two paragraphs for the convenience of hereafter making some comments on these remarkable statements.

1. Mr. Syme says, "I advanced to between eighty and ninety cases without a single fatal result, and to show the value of statistics, may remark, that if I had stopped here, it would have been perfectly legitimate for me to maintain that the procedure was entirely free from risk. It is true that alarming symptoms were by no means rare, since every third or fourth patient suffered from rigors, vomiting, delirium, or suppression of urine, but as they passed off in the course of twelve or twenty-four hours, I had come to regard them as rather curious than alarming, and as merely the result of some harmless commotion of the nervous system.

2. "At length a very distressing case gave me a different view of the subject. The patient suffered nothing from the operation; had the catheter taken out on the second day; was quite well on the third, and on the fourth was lying dressed upon a sofa in the best of spirits. In the afternoon of that day, during the act of micturition, he felt an acute pain in the perinæum, and in walking from one room to another, fell on the passage so as to graze his forehead and the outer side of his knee; at the same time he had a violent rigor, followed by quick pulse and great pain in the injured parts. As the urine passed freely and entirely by the urethra, I expected that these symptoms would soon subside, but they continued, and went on to suppuration of the knee, with destruction of the eyeball, and terminated fatally at the end of several weeks. I felt quite unable to account for this case until the following one gave me additional light on the

subject :—The patient suffered nothing from the operation, which was of the simplest kind, and as he did not complain at all of the catheter, was allowed to retain it three days. When it was then removed, he expressed perfect comfort, and afterwards wrote to his friends at home the most satisfactory accounts of his progress. At three o'clock of the afternoon he passed urine, and felt some pain in doing so, which was attended with a slight discharge of blood. Immediately afterwards he had a violent rigor, followed by delirium and insensibility. There was no pulse, no secretion of urine, and he died the next day. On examination there was not the slightest trace of urinary extravasation, or any other sign of local mischief; but the kidneys were gorged with blood to an extreme degree; and it was plain that death had resulted from a sudden shock to the nervous system."

I have only to remark on the statements contained in the first paragraph, that, as it now appears, every third or fourth patient operated on by Mr. Syme, "*suffered from rigors, vomiting, delirium, or suppression of urine,*" it does appear to me most extraordinary that not the slightest hint was given in the first Edition of Mr. Syme's book, as to the possibility of such serious symptoms resulting from the operation. It may or may not be very true (I think not very true), that these symptoms were to be regarded as rather "*curious than alarming,*" yet surely, if this were even so, Mr. Syme should not have refrained from all allusions to the possibility, not to say probability, of their occurrence, even if it had only been for the purpose of allaying the fears which I fancy less experienced operators would at first entertain from the unexpected advent of such symptoms. It makes all the difference in the world both to the surgeon's and the patient's comfort, when the former witnesses, and the latter suffers under such a train of symptoms as those mentioned by Mr. Syme, if they are prepared for their occurrence, and are assured that they are "*rather curious than alarming,*" and will pass harmlessly off in the "*course of twelve or twenty-four hours.*" For it must be obvious, that to a surgeon first encountering such symptoms, with no hint from Mr. Syme to lead him either to expect them, or to inform him that they were to be regarded as "*rather curious than alarming,*" they could not fail in seeming to him more *alarming than curious*. Consequently I hold

that Mr. Syme was bound, in common humanity to the patient, to say nothing of his duty to the profession, not to withhold all reference to the possibility of such symptoms following on the performance of his operation.

Again, in regard to the statements contained in paragraph 2, it is I think pretty clear that the case referred to is that of Captain P——, which I have already placed before the reader. If I am correct in supposing the statements in paragraph 2 to refer to Captain P——'s case, I must notice the important omissions which occur in the Professor's narrative. And first let the reader mark the total omission by Mr. Syme of all reference to the very *important fact*, that this operation was the second in the course of about eighteen months which he had performed on the patient. Mr. Syme, in accordance with the system he appears to me to pursue systematically in his narratives, altogether ignores the *first operation and its utter failure*, and commences with an account of the second, and ends with its fatal termination. Who would possibly conceive from Mr. Syme's mode of relating the case, that this was a second operation performed on the patient? And finally, I ask, is such a mode of relating cases fair towards the profession or the public? For let the reader bear in mind that, in this very lecture, Mr. Syme is recommending external incision as a remedy for the treatment of "obstinate strictures." Again, Mr. Syme represents that the patient fell in walking from one room to another, and injured his forehead and his knee, and that the slight injuries inflicted on those parts in the fall gave rise to such serious consequences as to occasion the fatal termination of the case, whereas it is quite clear from the brother's account, received from the patient himself, that the fall occurred immediately on his passing his water; and it is not a little singular, that not a word is said by either the brother or the patient about the patient's experiencing any injury on either the forehead or the knee in his fall. It does appear to me most improbable, if the patient had so injured himself in those parts from the fall, that he would have refrained from mentioning the circumstance to his brother—especially when such serious results followed on the injury, as Mr. Syme's mode of telling the case would lead us to believe. The reader may take my word for it, that had not extravasation of urine occurred in the manner

I have already stated my belief that it did, and further suppuration been established in the perineal region, the patient would never have suffered from *suppuration occurring in the knee*, or from the "*destruction of his eyeball*," as the result of any injury he might have sustained in his fall, either in his room, or in going from one room to another, whichever may be the truth!

It only remains for me to state that it appears from the recent Lecture in the *Lancet*, that Mr. Syme now seeks to bolster up the failing credit of his dangerous operation by asserting that he has discovered a mode of after treatment, by which the frightful and fatal consequences—which even he has at last been compelled to admit follow on the performance of his operation—may be averted. For my own part, after an attentive consideration of the alteration he suggests, I have no hesitation in declaring it as my opinion that his theories on the subject will prove as worthless and fallacious as those on which he first based his recommendation of his operation as "*sufficient for the complete remedy of the disease in its most inveterate and obstinate form;*" and as a safe, speedy, and above all a means of permanent cure in strictures of the urethra.

Some years since, Mr. Syme, with the arrogant self-complacency which is so strong a feature in his character, is reported to have remarked "that in the event of any more unfortunate victims of this preposterous procedure (*la boutonniere*) as a substitute for my operation (his, Mr. Syme's), I hope the coroner of Middlesex will afford an opportunity of testifying as to the operator's claims for a free passage to Western Australia."

By way of comment on this, I append the opinion of the coroner of Middlesex in his capacity of editor of the *Lancet*, on the merits of Mr. Syme's operation. In the *Lancet*, of the 3rd of September, 1853, the editor remarks, "We consider what is called Mr. Syme's operation for the cure of stricture, to be the greatest opprobrium of surgery of the present day. Any surgeon who destroys the life of a patient by the performance of that operation, ought, in our opinion, to be indicted for manslaughter."

Now, as Mr. Syme has admitted, in his contribution to the *Lancet*, of August 21, 1858, that fatal cases have occurred in his own practice after operations performed by himself for the removal of stricture by the perineal section, and as several other deaths

are reported by Mr. Henry Smith to have ensued on similar operations performed by the originator of the perineal section, it follows, if Mr. Syme is to be tried by his own law, he ought on his own confession to be condemned, and, by the punishment he himself has awarded, sentenced as a principal, and not as a *particeps et socius criminis*, to the transportation he proposed for others. Under these circumstances, it is, perhaps, fortunate for Mr. Syme that his operations have not been performed in the district of the medical coroner for Middlesex.

SECTION III.

In the preceding observations, I have had to discharge the graceless and invidious office of a fault-finder. I have now arrived at a more pleasing portion of my task; namely, the endeavour to suggest such means and precautions as I trust may, to some extent, prevent the young surgeon from falling into the grave errors which I have pointed out and upon which I have animadverted.

The first point that claims our attention is, how best may be avoided the grave error of treating patients for strictures, where no stricture exists.

It is necessary, in reference to this question, that I recall to the reader's notice certain points in relation to the urethra, and the natural obstructions which it offers to the introduction of instruments to the bladder, in order that he may clearly understand both how such an error may arise and how it may be avoided.

The surgeon, when called upon to explore the urethra with a bougie, to determine on the existence or non-existence of a stricture of that canal, should bear in mind that the orifice of the urethra is the narrowest point of the whole passage, and that, consequently, any sized instrument that enters it should pass to the bladder, if no stricture exist. He must likewise remember, that an instrument which fully occupies the urethra, without, however, painfully distending it, will more readily avoid the natural obstructions, to which I shall presently refer, and be less liable

than a smaller one to be entangled by the folds of the urethra, or caught by the lacunæ.

I would now remind the reader that there are three points in the urethra, at which the surgeon is very liable to meet with difficulty and obstruction in the introduction of instruments, unless he has had some practice in their use.* The first of these is situated at the sinus or bulb of the urethra; the second is at the junction of the membranous portion of the canal with the prostatic; and the third is just at the termination of the urethra and the entrance to the bladder. If the reader will pass a silver catheter, and then slowly withdraw it, keeping its point at the same time pressed down on the inferior surface of the urinary canal, he may distinctly feel the instrument successively drop (as it were), as it is withdrawn through each of these parts, and this more especially at the last. By practising this manœuvre a few times, the surgeon will readily acquire an exact knowledge of the situation of these "natural obstructions," and the best mode of avoiding them; for he cannot fail to remark, that all the projections forming these impediments are situated on the inferior surface of the canal; and therefore, all that is necessary to avoid them, is to keep the point of his instrument towards the upper surface. However, when an instrument is stopped by any of the natural obstructions, before the direction of its point is changed, it should be slightly withdrawn and urged forward on a higher level, so as to make the point by pressing more towards the upper part of the canal, avoid the obstructions on the lower. It is true, that, by merely lowering the handle of the instrument, without withdrawing it, the point of the instrument will be raised, and the difficulty sometimes be thus overcome, in which case the instrument will pass onwards with a kind of jump or bound over the obstruction. But there is always more or less risk of lacerating the urethra when the instrument is made to pass in this fashion. Besides, I have frequently known this jump of the instrument to be attributed to its passage over an organic stricture, and thus both the surgeon and patient may be led into the error of believing in the existence of a stricture, which in reality does not exist. Indeed,

* For the best description which I have ever met with of these "Natural obstructions," I would refer the reader to the late Sir Charles Bell's work on diseases of the urethra.

as the same phenomenon occurs, when an instrument is passed over the other two natural obstructions, if the same precautions and rules are not adopted, I have known each of these three natural obstructions converted, in the minds of both the surgeon and patient, into so many strictures, and even in some instances, caustic applied for their removal!

The young surgeon, who steadily keeps these points fixed in his mind, as he passes instruments, and at the same time avoids all violence, will, after a little experience, find himself such a master of his instrument, as will render it impossible for him to fall into the error of pronouncing a patient to have a stricture of the urethra when no such obstruction exists. But, if I were asked, how any surgeon could most perfect himself, so as to perform this operation with the utmost nicety and dexterity, I should say, by several times passing an instrument up his own urethra. The reader may perhaps smile at this suggestion. I, however, assure him, that I make it in all seriousness, under the firm conviction—from having adopted the plan myself—that by so doing, the young surgeon will obtain a more precise knowledge of the course of the urethra, and consequently a more complete appreciation of the manner in which an instrument should be passed, *than by any other means whatever*; whilst the dexterity he will thus acquire, and the comparatively painless and easy manner in which he will hereafter pass instruments for his patients, will amply compensate him for the slight inconvenience he will personally experience.

Some may imagine, that this dexterity may be equally well acquired by practising the operation in the dissecting room, on "subjects;" but, I can assure them that the introduction of instruments up the insensitive urethræ of inanimate bodies, is a very different affair to the performance of this operation upon the sensitive urethræ of living men.

I now turn to other points, which, if not so all-important as the preceding, are yet most essential to be remembered by the surgeon, who desires to avoid falling into error. Thus he should be aware that it often occurs, that patients complain of a frequent desire to urinate, and of pain in doing so, as well as of experiencing painful sensations in the bladder and in the region of the perinæum—all more or less symptoms of stricture of the urethra—and, nevertheless there shall not exist any urethral contraction,

all the symptoms being solely attributable to disease of the rectum or derangement of the bowels and digestive organs. The late Sir Charles Bell truly says, in speaking on this subject—“Mistakes about this matter continually occurring, and the distress of mind which they occasion, as well as the severe and hurtful practice which is too frequently the consequence, give it a strong claim upon our attention. At one time we find a patient living an indolent life, and thereby hurting his health, lest by a sudden motion, he should displace a stone in his bladder; at another, irritation and strange feelings in the perineum lead the patient to believe that he has a stricture. In the one case, the patient is exhausted by the harassment of his imaginary evil, and his health by the confinement and want of exercise. In the other case, it is still worse, since the irritation in the urethra draws the patient to a surgeon; he introduces a bougie, and as this usually gives relief, it is repeated until some mischief is actually the consequence. Very often there is a slight abrasion of the membrane, by the unskilful use of the bougie, which, were it not for the frequent repetition, would soon heal; but by a perseverance in a wrong practice, it becomes the source of pain and discharge,”—and Sir Charles might have added here, as he has elsewhere remarked, “the source of a severe permanent stricture.” This distinguished surgeon relates very many instances, in which derangements of the digestive organs, bowels, and rectum, have produced symptoms analogous to those arising from the presence of stricture in the urethra, and in which, in some instances, patients have been obliged to submit to a painful course of bougies, and in others the lunar caustic has been employed for the removal of the imaginary strictures. It has also fallen to my lot to have repeatedly met with similar examples of incorrect diagnosis and improper treatment.

Since, then, it would appear that the most common symptoms of stricture may be simulated through the existence of disease elsewhere, it is of the utmost importance, that this possibility should be known to all who may be called upon to treat such cases. Else, as it is always difficult to convince patients that the urethral irritation under which they labour, has any but a local cause, the surgeon may be hurried and urged into a course of treatment which can scarcely fail in the end to aggravate all the patient's sufferings.

Having thus incidentally alluded to the more remote diseases which may occasion a train of symptoms in the region of the urinary organs, so closely resembling those attendant on stricture of the urethra, as often to deceive the patient and surgeon into the belief of the existence of that disorder, I will now briefly refer to those affections of the organs forming the genito-urinary economy, which still more frequently, from the symptoms they occasion, give rise to a similar error.

These are diseases of the kidneys, stone in the bladder,* diseases peculiar to the prostate gland, gleet, and irritable urethra.

Probably, the most frequent cause of those symptoms which lead both the patient and surgeon into error in supposing the existence of stricture, is that chronic irritable condition of the urethra, accompanied by a slight gleet discharge, which so frequently succeeds one or more attacks of acute gonorrhœa. Patients whose urethræ are in this condition have a more frequent desire to urinate than natural, and, on their doing so, there is, at the first commencement of the act, the *slightest possible hesitation*, and a slight heat is felt in some given spot of the urethra as the first few drops are expelled, whilst the stream of the urine is somewhat twisted. Now, as these symptoms, but perhaps more strongly marked, are similar to those caused by stricture, and indeed the state of the urethra which occasions them is that which is most favourable to the development of that disease, it is not at all to be wondered at that they should create suspicions as to the existence of stricture, which suspicions may, by an inexperienced use of instruments, be erroneously confirmed. I would mention a circumstance that may assist in avoiding this error; namely, that in the purely irritable urethra, the urine,

* Some years since a patient called upon me, who had for months previously been treated for stricture of the urethra, and had instruments regularly passed twice a week for a considerable period without benefit, and who, I ascertained, on passing an instrument, was not only free from all stricture, but was labouring under stone in the bladder.

Last autumn a patient came from Yorkshire to place himself under my care, for the cure of a stricture of the urethra, under which he imagined he laboured, and for the cure of which he had been over and over again treated. On making an examination, I found the urethra to be free from all stricture, but I detected the presence of a large stone in the bladder.

2. after the first hesitation I have described is overcome, will be voided in a full and free stream, which obviously can never happen when a stricture really exists.

From these facts, the reader will readily understand how both a patient and a surgeon, inexperienced in the use of instruments, may be led into error with respect to the existence of a stricture. The symptoms which the patient details are those usually attendant on that disease; and on an examination being made with a bougie, it hitches against one of the "*natural obstructions.*" What is more natural, under such a combination of circumstances, than that the patient and surgeon should deceive themselves into the belief, that the former is labouring under a stricture? Hence then, the advisability that both parties should be aware of the possible existence of circumstances so calculated to lead them to the formation of wrong conclusions.

3. With regard to the errors of practice committed in cases in which no doubt existed as to the patient's labouring under stricture of the urethra, the principal one is that of employing force in the introduction and use of instruments. *This is the rock on which the fairest prospects and hopes of a happy issue are too often irrecoverably wrecked!* The reader may therefore regard the following as an axiom, placed beyond all question or dispute; namely, that the pivot on which the success or failure of any one and all modes of treatment turns, is the surgeon's avoidance of violence in the use of his instruments; and this applies to all forms of the disease, and to every stage of its progress. But if it be possible or allowable to admit that this rule is more imperative at one time than at another, then is it to my mind more especially to be held in regard, in those cases in which patients are for the first time seeking relief at the surgeon's hands. For in such instances, as far as my experience goes, it seldom happens, however great the difficulty may be in expelling the urine, that the stricture itself is either very extensive or indurated. Indeed, it is often so slight,—notwithstanding the patient has the greatest difficulty in voiding his urine,—that, on a soft wax bougie being passed through the stricture, the impression it leaves on the surface is no more than would be made by a piece of ordinary thread having been tied round the instrument or a portion of it; whilst it still more seldom happens that the

extent of the stricture exceeds the width of a very narrow piece of tape. I never meet with a broad gristly stricture accompanied by external callous indurations along the course of the urethra, except in those cases where many fruitless and violent attempts to pass instruments had been made, or in those exceptional cases in which the stricture has resulted from some external violence and injury done to the parts, and scarcely then, unless the patient has been grossly negligent.

It is therefore obvious, that when a patient for the first time applies to the surgeon for aid, he does so under the most favourable circumstances for the successful issue of the treatment; and, as far as my experience extends, it is scarcely possible that it can be otherwise than successful, if the treatment be carefully and skilfully pursued. But, what should be the treatment in such a case? A dispassionate review of the results of more than twenty-four years' extensive experience has convinced me, that the treatment of an ordinary permanent stricture of the urethra, should, at the commencement at all events, be that by simple dilatation. At the same time, I beg the reader to understand that when I refer to the treatment by dilatation, I do so in the strictest sense of the term—meaning thereby that the stricture is to be *gently, and gradually, most gradually dilated*, by the careful introduction of instruments of such a size as will pass with comparative ease, and consequently without exciting undue pain and re-active irritation.

In this sense then I say, that in an ordinary case of permanent stricture, in which no previous attempts to pass instruments have been made, the treatment by simple dilatation is the most rational, and most in accordance with the principles of treatment that are inculcated by a knowledge of the cause and nature of the disease.

Fortunately, it very seldom happens, when a patient first applies to a surgeon under the circumstances I have supposed, that he is labouring under a stricture impermeable to instruments. It is therefore of the utmost importance, that the surgeon should endeavour to ascertain *at once*, what sized instrument will readily pass through the obstruction. This he can soon learn by a careful examination; and, having done so, he must commence the treatment by the introduction of such an instrument every second

or third day. After he has passed it on several occasions, he should, on withdrawing it, introduce another of a somewhat larger size. But he must be careful, that the increase in size is so slight, that the instrument *will pass easily through the contraction*. If it is *grasped* by the stricture and its progress altogether stopped, whilst the patient complains that it pains him, no further attempt to urge it forward should be made. The instrument may, however, be allowed to remain in the grasp of the stricture for some ten or twenty minutes, always provided its retention does not cause severe pain. After it has thus remained in the stricture for a short time, an endeavour may be made to pass it forwards, but this must be done with the *greatest gentleness*. If it advances, well and good; but if it does not, it should be then very slowly withdrawn. I would here remark, that it is quite as important to withdraw an instrument from the grasp of a stricture *gently and gradually*, as it is to introduce it gently and gradually. It often happens, that when an instrument has thus been held in the stricture, without fairly passing through it, that spasm is excited, and there is in consequence increased difficulty in expelling the urine; even sometimes an attack of total retention comes on. With a view to prevent this, I have of late years adopted, with almost uniform success, the following plan. I immediately, on the withdrawal of the instrument from the grasp of the stricture, pass through it such a sized wax bougie as I know will pass with ease, and I then gently draw it backwards and forwards two or three times, and then withdraw it altogether.

The introduction of the small bougie appears, in most instances, entirely to remove any spasmodic action which the larger instrument may have induced. But when this plan fails, the mere introduction of such a sized instrument as will enter the stricture with ease, will in most instances be all that is required for the patient's relief. Whenever retention of urine is thus induced, it will be absolutely necessary that all further operative treatment be suspended until every symptom of *increased action* has subsided. In this manner should the surgeon endeavour gradually to increase the size of the instruments passed, till one of a full size can be introduced, bearing always in mind that the object is to restore the contracted canal to its natural diameter,

without producing undue increased action, or, in other words, inflammation, which he will be sure to do if he passes or tries to force an instrument through the stricture larger than its diameter will properly admit. Not a few instances of failure in treatment are produced by this practice. Hence, it should never be forgotten, that, when an instrument can only, from its size, be passed with difficulty and with pain to the patient, the subsequent increased action, which is sure to be excited, not only tends to keep up the existing contraction, but even to increase it; to say nothing of the risk there is of injuring the urethral membrane, by thus endeavouring forcibly to expand the contracted tissues. If the treatment by dilatation is to be successful, it must not merely be carried out in the most gradual manner, but with the utmost regard to the tone and degree of irritability existing both in the region of the stricture and throughout the urethra generally. Consequently the size of the instruments should be strictly regulated, and such only used as will pass without exciting more pain or uneasiness than necessarily attends their introduction. As long as instruments are passed in this manner, however slow the progress may be, an ultimate and perfect cure may be confidently anticipated.

In the foregoing observations, I have supposed that the stricture is of a simple character, and amenable to the remedial power which the mere occasional introduction and temporary retention of instruments may exert on it. But it may be, that in the progress of an apparently similar case, the surgeon finds some difficulty in the introduction of larger instruments, or he may even experience such difficulty from the commencement of his treatment. The stricture resents, so to speak, the introduction of the instruments, and every attempt to increase their size occasions symptoms of increased action and spasms. In such a case, I would still recommend the treatment by dilatation, in the first instance, in preference to any other. But, then it must be by the substitution of prolonged dilatation with catheters for the temporary dilatation with bougies. Cases of this description are very perplexing to those who meet with them for the first time. The surgeon and patient, naturally enough, are afraid that if the stricture be let alone, it will become worse, whilst they are puzzled what to do, by finding that every intro-

duction of instruments excites increased difficulty in expelling the urine, and not unfrequently even brings on attacks of retention, and sometimes also severe rigors. In former days I experienced much difficulty in determining on the proper treatment to be adopted in such cases. I tried local bleeding, aperients, opiates, and various other methods with but little or uncertain advantage. But since I have pursued the treatment of prolonged dilatation, my difficulties have in a great degree ceased. Hence, then, I would recommend that in such cases prolonged dilatation be practised. To this end, the night before the proposed treatment, the patient should have an aperient, in order that the bowels may be freely relieved. On the next day, after the action of the aperient has ceased, and before the catheter is passed, an opiate enema should be administered, and the surgeon should then select such a sized catheter as will pass *with ease*, and having introduced it to the bladder, should fix it in that position, and make the patient retain it for the next twenty-four hours, the patient being of course confined to his bed. After this, the treatment for the future may either revert to the plan of simple dilatation, or consist of a combination of these two methods, as the progress of the case may seem to indicate. As far as my experience goes, I have never yet met with a case of *primary stricture*, such as I have supposed, that would not yield to this treatment, so far as to enable me to pass the full-sized instrument; nor am I disposed to believe that I ever shall meet with one. However, should it ever be my fate to meet with such a case, I would then combine the employment of the *potassa fusa* with the other modes of treatment, as I frequently do in those cases of stricture, in which the patient has been under treatment before I have seen him, and examples of which are to be found in the cases the history and treatment of which I have already given.

In those comparatively rare instances, in which patients are labouring under impermeable strictures, when they first apply for surgical aid, I would recommend, the moment that point is ascertained, that all attempts to pass *small instruments* be discontinued, and that the surgeon should content himself for a time with passing down to the stricture a *full-sized instrument*, which he should keep as firmly pressed against it as he can, without putting the patient to undue pain. It will be strange,

if, after an instrument has been introduced a few times in this careful manner, the patient does not void urine in a larger stream. As soon as this sign of amendment occurs, the surgeon may make *a careful attempt* to pass such a sized instrument as he may judge, from the column of the stream in which the patient urinates, will be likely to pass. A flexible catheter, without its wire, will in all probability be the best instrument to use, because its passage to the bladder will not only be shown by the escape of urine, but it may be retained for twenty-four hours; and which, if done, the future introduction of instruments will in most instances be reduced to a certainty, and thus the success of the after-treatment be greatly assured.

Should, however, the stricture remain impervious to all instruments after a proper trial of the method recommended, it will then be advisable to apply the potassa fusa, or to adopt the plan of allowing an instrument to remain in the grasp of the stricture for as long a time as the patient can bear it. I need not stop to enlarge on these modes of treatment here, as the history of the cases already related will instruct the reader in the manner of carrying them out.

The preceding observations are intended only as an outline of the treatment I would recommend, both in cases of primary strictures of urethra, and those which I shall term secondary from their having been under treatment more than once. My own experience warrants me in asserting, that the methods of treatment above indicated will be found pre-eminently successful, if the ruling principle on which they are based be rigidly adhered to, viz., *the studious avoidance of all violence in the use of instruments*. Indeed, with respect to cases of primary stricture, I believe, they will be found infallible; inasmuch as I have never met with any single instance, during more than twenty-four years' practice, in which I have failed, by the adoption of one or by a combination of these means, in affording the patient the desired relief. The reader will understand, that I am now speaking of cases of *simple permanent stricture, which had never been submitted to any treatment before my seeing them*.

With respect to the general results attending the treatment of those cases which only came under my care after they had been treated by one or more other practitioners, and in which many of

them had been more or less exposed to violent treatment, although I cannot claim an equal measure of success, yet I can claim such an amount as will justify my asserting that there are few, very few cases of even the most aggravated forms of the disease, and with the most serious complications to which it is liable, that will not yield to the methods which I have recommended, *provided they are practised with skill, patience, and care.* And I think the cases related in the preceding pages fully bear me out in these assertions.

Looking back on the results of many years' practice, and referring to my notes, I do not find more than a dozen cases in which I failed to afford the patient all the relief that could be obtained, by so far freeing the urethra from stricture as to admit of the introduction of a full-sized bougie. When it is considered, that a great majority of the cases which come under my care, only do so after the patients have failed in repeated endeavours to obtain relief at the hands of others, it must be admitted, that so small a number of failures in no degree affects the worth of the principle on which my views are founded and carried out.

It is probable that some of my readers may have felt disappointed at not having found recommended, in the preceding observations, any novel methods of treatment which, by some species of *coup-de-main* practice, would hold out both to the surgeon and the patient the prospect of a prompt and assured cure, and thereby supersede all necessity for the exercise of the less showy though more solid merit, which is evinced by a steady and skilful perseverance in carrying out an unostentatious method to a successful issue. But, unfortunately, however much I might have desired it, and great as the pleasure would have been, could I have done so, the result of upwards of twenty-four years' experience does not enable me to offer any "*royal road of cure,*" whereby to excite the enthusiasm and hopes of my readers. But although I have only recommended the practice of simple measures, yet I presume to think, that, if they should be *generally carried out on the principles I have endeavoured to inculcate,* I shall have introduced, at all events, a novelty into the general mode of treatment, which will hardly fail to prove itself very agreeable to those who suffer under strictures, however unattractive it may appear to those pure surgical enthusiasts who

more delight in obtaining their ends by a prompt recourse to the scalpel or manual force, than by the slower though safer means offered in the judicious employment of the simpler methods of cure.

It must, however, be confessed, that, whilst it is all very well to talk about the safety and efficacy of the ordinary methods of treatment, or any one of them, say, for example, that by dilatation with bougies, so long as the use of the instruments is restricted to a process of careful and skilful dilatation, yet it is a very different affair (although by too many still regarded as the treatment by dilatation) when a surgeon thrusts a large instrument into or through a stricture, the diameter of which is much less than that of the instrument used. For in such a case, the stricture is not, indeed cannot be, dilated, from the fact of its being an impossibility thus suddenly to expand the indurated tissues forming the stricture, as though they were a piece of insensible india-rubber. At the same time, if it were possible, it would be anything but desirable, seeing that the violence employed would produce reaction and consequently recontraction. It cannot be too often repeated, that the process of dilatation, to be beneficial and permanent, must be gradual; so that the narrow part of the canal may, as the late Sir Charles Bell well expressed it, *grow larger under the operation of the bougie*. Evidence in support both of the inefficiency and the danger of sudden and forcible dilatation is afforded by the results observed, when the dilator invented by Dr. Arnott is used in the treatment of stricture. For, if the dilatation with this instrument be carried beyond a certain extent, at any given operation, as for example so as to occasion a sensation of painful distension in the contracted part,—the ultimate effect is invariably to excite spasms, and so much irritation, and, so to speak, resentment in the stricture, that not only will the patient experience increased difficulty in voiding his urine, but, at the next operation, it is very probable that the surgeon will find himself unable to pass so large a sized instrument, as he might have done before this injudicious attempt at the too sudden dilatation of the contraction was made. Additional evidence in corroboration of the preceding, is likewise afforded from the result of making patients wear catheters for several days. Thus, every surgeon of experience is aware

that a stricture so narrow as only to admit of the smallest sized catheter, can frequently, by retaining and daily increasing the size of the instruments for some seven or eight days, be dilated to such an extent, as to admit, at the expiration of that time, of the passage of a full-sized instrument. But he also knows, that, notwithstanding this, the patient is not cured. For the reaction and contraction, which take place on the withdrawal of the catheter, will be proportionate in its violence and extent to the rapidity with which the dilatation has been carried on. Thus, if the catheter which is withdrawn corresponds in size with a No. 10 bougie, it is probable that when the surgeon, some eight or ten days afterwards, attempts to pass an instrument of such a size, he will not merely be unable to do so, but will find that he cannot pass one of half the size. I have said some eight or ten days after, because the irritation and soreness which invariably follow on such rapid dilatation and so prolonged a retention of catheters, seldom subside sufficiently to allow of any instruments being used until some such time has elapsed after the withdrawal of the catheter. So that, if it were possible to forcibly and suddenly expand an organic stricture without injury to the membranes of the urinary canal, it would not be desirable or good treatment to do it; for we see here, that even a somewhat less rapid course of dilatation, unaccompanied by any injury to the parts, will, in a great degree, fail to confer any permanent benefit on the patient, and certainly the relief will not repay him for the pain and risk which he will have incurred. When, therefore, we further know, that every attempt to force a stricture involves considerable risk of a false passage being formed, and that, even when that danger is escaped, the passage for the instruments is only made by the more or less certain rupture of the membranes of the contracted part of the urethra,—and the probable rupture of healthy portions also,—we see that the objections to this practice are so stringent and apparent, as at once, one would think, to carry conviction against it to the minds and common sense of the most uninformed in such matters.

However, that nothing may be wanting to the complete exposure of the worthlessness and abominable cruelty of this practice, I would, before enforcing my further objections against it, request the reader's attention to the following opinions of some

of the most eminent surgical authorities, with respect to the exciting causes of the formation of permanent stricture of the urethra :

“ So constantly is inflammation the forerunner of stricture, that it may be held a point, as well established by evidence, that the origin of stricture of the urethra, is in consequence of inflammation, as that adhesions of the pleura are produced by it. +

“ The degree and firmness of the stricture will correspond with the length of time the inflammation has continued, and with the frequency of the occasional increase of the irritation, pain, and discharge.”—BELL *On the Urethra*.

“ The cause of permanent stricture of the urethra is inflammation of the chronic kind : this occasions a greater determination of blood to the part, and produces a deposition of adhesive matter on the outer side of the urethra; the urethra itself becomes thickened, which, together with being pressed upon by the adhesive matter collected in the interstitial spaces surrounding the urethra, produces the stricture in question.”—SIR A. COOPER'S *Surgical Lectures*. x

“ If this irritation becomes established in any part of the urethra, it lays the foundation for a stricture. The irritability being established, a kind of inflammatory action attends it, and there is a thickening of the membrane of the urethra, causing a diminution of the calibre of the canal and producing a permanent stricture. * * * *

“ From the misapplication of remedies to cure a gonorrhœa, or from the too frequent introduction of bougies to cure either imaginary or real strictures, an irritable, lurking disease is established, which gets worse by degrees; the urethra becomes very much contracted, until the stricture is very bad indeed.”—ABERNETHY'S *Lectures*. 1 2

“ Strictures of the canal of the urethra generally proceed from inflammation.”—F. SWEDIAUR.

“ By inflammation of the membrane lining this tube, with consequent ecchymosis and submucous effusion.”—WALLACE *On the causes of Stricture, in his Work on Venereal Diseases*.

“ There is reason to believe, that in many instances, the inflammation in the venereal gonorrhœa is the cause of this complaint.”—SIR E. HOME *On Stricture*.

“The origin of stricture always depends on, and is accompanied with, a chronic inflammatory state of the mucous membrane of the urethra, by which it is swollen up, thickened, and loses its natural extensibility.”—CHELIUS' *System of Surgery*.

“Stricture of the urethra, in the most aggravated form, is without doubt, the result of injury inflicted on the passage, either from within or from without, of laceration, or of intense inflammation.”—LISTON'S *Operative Surgery*.

Reverting now to the consideration of the practice I was animadverting on, I repeat that a greater or less laceration of the membranes and vessels of the urethra itself must attend the passage of an instrument through a permanent stricture of a diameter less than that of the instrument; whilst the patient may well deem himself fortunate if the subjacent tissues escape uninjured. That the infliction of these mischiefs always accompanies the introduction of instruments by sheer manual force, the immediate symptoms which occur fully attest. Thus, patients who have been subjected to this rude treatment invariably state, that the advance of the instrument was accompanied by great pain and sensation of tearing, whilst, immediately on its withdrawal, a more or less profuse hæmorrhage ensued; and that, to these immediate consequences, there succeeded all the usual symptoms of increased irritation and violent inflammation; and this even to a greater extent than they ever before experienced. Thus, we learn that this mode of so-called treatment by dilatation, excites a more intense degree of irritation and inflammatory action, than that which in all probability first gave rise to the disease which it is the professed object of this treatment to cure, with, moreover, the additional source of mischief likely to result from the injury inflicted thereby on the integrity of the urethral membranes!!

Now, if we compare the opinion expressed by the last, and one of the most eminent of the surgical authorities just quoted, with respect to the cause of the more aggravated forms of permanent stricture of the urethra, with the effects here described, we find, that the different circumstances which he assigns as the cause of the development of the disease in its most aggravated forms, are precisely similar in character to those which result from forcing the stricture; and with this important addition, that, whilst he enumerates these causes as

sufficient singly to produce the developement of the most aggravated forms of the disease, we here find them in one fatal combination, and this too with a degree of intensity which could be occasioned by no other means.

I may be told, that it often happens, after the immediate aggravation of symptoms which this treatment occasions, is in some degree removed by appropriate means, that by a perseverance in the use of instruments, the urethra will be so far restored to its normal diameter, as to admit of the passage of a full-sized instrument. This is to some extent true enough: nevertheless even if this treatment did not ultimately give rise to the serious consequence I shall presently point out, there would remain this powerful objection against its adoption; namely, that patients are often so alarmed by the sufferings which it induces, as immediately to abandon all treatment, and neglect themselves, till a total retention of urine or some other dangerous complication arises, to force them, as it were, again to seek surgical assistance; and on their doing so, it is too often found that they then are labouring under a stricture more firm and extensive than ever. Besides this, the horror and fear which they have of again incurring similar sufferings, disposes them to view with exaggerated alarm, even the slightest *contretemps* which may hereafter arise in the treatment of their cases; and under these feelings, they are ever ready to give up or postpone their treatment, as soon as they have received relief from the more urgent symptoms which compelled them to seek the surgeon's aid. In the meantime, the continued irritation and chronic inflammatory action, with occasional attacks of a more acute character to which they are liable, gradually occasions the formation of a firm, hard, gristly stricture, accompanied by considerable induration in the perineal region.

But even when a patient is not so much alarmed by the immediate consequences resulting from the stricture being forced, as to abandon all treatment, yet his ultimate condition is often no better than if he had done so. For although, as I have said, the immediately urgent symptoms induced by the violence may be in a great degree removed, and a full sized bougie be at length passed, yet it is generally found *that there ever after remains, in that part of the urethra which has been exposed to the violence, great increased sensibility, insomuch that the passage of an instru-*

ment over that portion of the canal, from that time forth, occasions more pain than the patient ever before experienced from the introduction of instruments, whilst it very often happens, that every subsequent operation causes more or less bleeding. The patient at the same time always feels, so to speak, the urine, as it passes over that particular spot in the urethra. These symptoms are for the most part disregarded, and the patient in all probability is taught to think that they will gradually disappear, or, at all events, that they are of no consequence. The full-sized instrument having been now passed, the use of instruments is gradually discontinued, until at length, if they are introduced at all, it is only at considerable intervals. For a brief space the patient rejoices in the delusive hope, that he is freed from his troublesome malady. But at last, if he passes an instrument for himself, as most patients do, or even if it is passed for him, after a time, he is sensible that there is a *little tightness* as the bougie passes through the region of the former stricture. At first this is attributed to some temporary cause; but as it occurs again and again, the patient first thinks that he is using too large an instrument, and that it may be as well to pass one of a somewhat smaller size. This he does, and rejoices to find that it passes with ease. However, after another interval he finds that there is a degree of difficulty in its passage, and he then often concludes that the cause of this difficulty, and these symptoms of irritation, is the continued introduction of instruments: he therefore resolves on not using them. He continues under this delusion until he finds that the stream of urine has greatly diminished. Now, seriously alarmed, he endeavours to pass the instruments which he did formerly; but on making the attempt, he finds that he cannot, and that, if he can pass one at all, it is only a very small one. Wearied and completely puzzled by this state of things, as well as alarmed by the recollection of his previous sufferings whilst under treatment, it too often happens, that he totally neglects himself and leaves everything to chance, under the impression that his disease is incurable. Hence he readily joins in the senseless cry, that strictures are incurable, and becomes a ready victim to the votaries of the knife! When at length his sufferings become so severe as to drive him to seek relief, he will then be found to be labouring under a more

aggravated form of stricture than he did originally. Now, however unaccountable such relapses may appear to patients, the experienced surgeon knows too well they are nothing but the inevitable consequences of the violence to which the urethra has been exposed in the previous treatment.

For I would repeat that any permanent stricture, of such extent and density as to resist fair and dexterous attempts at its dilatation, cannot be suddenly dilated by sheer manual force, and that, consequently, if an instrument is passed through it at all by the employment of such means, it is only from the contracted parts being broken down and ruptured. Here, then, we have presented to our view, as the immediate results of this barbarous practice, the contracted urethra torn apart, its membranes more or less lacerated, its vessels bruised and ruptured, and their contents effused into the interstitial spaces around; whilst, finally, to all these immediate mischiefs, there succeeds such a violent attack of acute and prolonged inflammation, as the patient, in all probability, never before experienced.

But, as I have said, the patient apparently recovers, and a full-sized instrument is passed. How is this? Why, the whole history of the progress of the formation of stricture shows, that the induration which follows on an attack of inflammation of the urethra is very slowly developed. Thus, as the resumption of the treatment very quickly follows on all this mischief, there is not time afforded for the consolidation of the bruised and torn tissues and the effused fluid into any firm or extensive indurations. So that, although there remains more or less chronic inflammatory disturbance in the injured parts, with ecchymosis and submucous effusion, yet this condition offers no material resistance to the dilating power of the instruments. But experience shows that this condition of the parts ultimately forms the nucleus for contractions still more extensive and indurated than those which originally existed. For, as the union of the torn portions proceeds, the cicatrices become firm, and evince a tendency to contraction; whilst, at the same time, the low inflammatory action existing in the surrounding parts, produces adhesion, and thus ultimately indurations are formed involving the proper membranes of the urethra in one common mass with the subjacent structures.

Is it any wonder, then, that under such circumstances the patient, at some subsequent period, finds himself a greater victim to his disease than ever? And do not these circumstances sufficiently explain his subsequent relapse, without the necessity of attributing it to the defective means in our possession for treatment of strictures of the urethra?

In the preceding remarks, I have referred to those comparatively speaking successful—that is, temporarily successful—examples of forcing strictures. I will now offer some observations on the difficulties and dangers which result when the attempts altogether fail, as, indeed, very generally happens, especially in old cases of stricture. Now, it is most probable, that strictures which resist well-directed endeavours to pass an instrument through them, have been, either from neglect or from previous rough treatment, subjected to such severe attacks of inflammation, as will have given them a character of very great density. So that we find the urethra, at the strictured part, is much firmer and stronger than it is immediately anterior to that part, and consequently must obviously offer a much more powerful resistance to the pressure and advance of the instrument, than the sound urethra just before the stricture. Thus, in place of the instruments breaking through the stricture, the membranes of the urethra anterior to it will be torn, and either a false passage be made by the instruments passing out of the course of the canal into the space between the rectum and posterior part of the urethra, or else, passing under the stricture, it will re-enter the urinary canal behind the stricture, and thence pass to the bladder. The first of these accidents is the most probable and the least serious that can happen; because the patient is not so much exposed to the danger of suffering from extravasation of urine as when the second occurs. False passages commencing anterior to the stricture are constantly made with impunity, when the instrument does not re-enter the urethral canal behind the stricture. Thus, we have seen that in Case IX. instruments were passed for years up a false passage, and there is too much reason to think even into the rectum, without producing any very immediate or urgent symptoms. But when a false passage is made, passing out of the urethra before, and again entering the canal behind the stricture, or when

from the violence used, both the stricture and the urethral membranes are entirely ruptured, it is scarcely possible that the patient can escape, when he next has occasion to urinate, from all the agony and danger involved by the occurrence of immediate extravasation of urine; whilst, if he ultimately escapes with life, it will be to suffer probably for the remainder of his existence, under all the annoyances of a fistula in perineo.

Such are the more prominent risks involved by attempting to force strictures. The lesser are the production of alarming hæmorrhage, attacks of rigors, dreadful scalding pain on the urine next passing over the injured parts, fearful spasms, and violent attacks of retention.

But it is surely needless to say more on this uninviting subject. I shall therefore conclude my remarks by giving it as my opinion, that, if any stricture is of so severe a character as to resist the judicious and skilful employment of the means which I have recommended, Professor Syme's operation, or the operation termed *la boutonniere*, may be adopted, as being founded on sounder surgical principles, in the treatment of such cases, and they would certainly be attended with less immediate danger and suffering than is incurred by the forcible rupture of a stricture and the urethra with instruments. In the one case, the patient submits to a simple incised wound, which, although it lays the contracted part of the urethra open, is made in such a manner as more readily to allow of the escape of any urine that may pass out of the urethra by the wound, and so materially diminish the risk of injury to the subjacent parts, and the formation of a urinary abscess; although, as we have seen, this accident may occur from the division of the urethra by these operations. In the other, in place of a regular and simple incised wound, the patient has a torn and irregular one; whilst, instead of there being a free external vent for the prompt discharge of any urine that may escape through the ruptured urethra, it is here pent up till relieved by the interposition of the surgeon with his knife, or by the painful process of suppuration, ulceration, and mortification: whilst, in the meantime, the patient's sufferings, both locally and constitutionally, are of the most appalling nature, and the danger to his life most imminent.

The reader will have seen that I am no great admirer, and certainly have no prejudices in favour, of the operation of perineal section, or any other necessitating the use of the knife; but at the same time, I hope I have no unreasonable prejudices against its adoption in cases of such *urgent necessity* as would seem to require its performance. And therefore it is that I have no hesitation in saying, that were it my fate to suffer under such a stricture of the urethra, as resisted all *fair attempts* to relieve it, either by the bougie or the other ordinary modes of treatment, I would then ten times rather submit to the risk resulting from the use of the knife, than incur the danger and suffering which ever attends on an attempt and failure to force such a stricture as I am referring to, even though the attempt were to be made by the most experienced and dexterous surgeon.

However, this admission must not be construed into a sanction of the fearfully indiscriminating manner in which this operation is being performed by its advocates. Far otherwise; for I regard both these methods as MONSTER evils in the way of treatment. But at the same time, I should feel, if I were a sufferer under a stricture of the severity I have supposed, that, *if I must endanger my life in order to obtain relief*, the employment of one of them—that of cutting—would be, “if a necessary, a lesser evil than the other;” which, indeed, can only be regarded as a gratuitous risk inflicted on a patient by an inhuman surgeon.

Fortunately, however, for suffering humanity, a *real necessity* for a recourse to even the lesser evil need seldom arise, if gentleness and dexterity are amongst the surgeon’s qualifications, and patience the rule which guides the conduct of both the surgeon and the patient.



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