

Some few cases and observations on the treatment of fistula in ano.

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SOME FEW
CASES AND OBSERVATIONS
ON THE
TREATMENT
OF
FISTULA IN ANO,
HEMORRHAGE,
MORTIFICATION,
THE VENEREAL DISEASE,
AND
STRICTURES OF THE URETHRA.

BY JOHN ANDREE, M. D.
MEMBER OF THE CORPORATION OF SURGEONS
OF LONDON,

And Author of Observations on the Venereal Disease; an Essay
on the Gonorrhœa; An Account of the Elastic Trochar; and,
Considerations on Bilious Complaints.

L O N D O N:

PRINTED BY W. BULMER AND CO. RUSSEL-
COURT, CLEVELAND ROW, ST. JAMES'S,
FOR G. AND W. NICOL, PALL-MALL,
BOOKSELLERS TO HIS MAJESTY.

1799.

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BY JOHN ANDREW, M.D.
MEMBER OF THE CORPORATION OF SURGEONS
OF LONDON.

And Author of *Observations on the Venereal Disease as far as it respects the Genitals and the Urinary System* and
Observations on Strictures of the Urethra.

LONDON:
PRINTED BY W. BARNES AND CO. ST. MARTIN'S LANE,
CORNER OF CLEVELAND ROW, ST. JAMES'S,
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1793.

PREFACE.

THE following cases and observations, which occurred in the Author's practice, having appeared to him to tend to the improvement of the healing art ; will, he hopes, prove an adequate apology for his again thus intruding himself on the public.

The brevity of the work will not, he trusts, be objected to, since

he offers it only as some few cases
with remarks, and not as distinct
essays on such diseases.

Hatton Garden, Decr. 1799.

ON THE
FISTULA IN ANO.

SINCE the appearance of the Remarks of the late ingenious Mr. Pott on this subject, in which he very judiciously simplified the surgical treatment of this disease, by substituting the simple division of the sinuses, instead of the former practice of removing the callous parts by excision; no farther improvement in the treatment of this very inconvenient, irksome, and in some instances painful disease, has, to the author's knowledge, been published.

Several years ago I attempted a cure in two cases by the means of a seton, with a partial success; but not such as to war-

rant me publicly to recommend that practice.

Nine years since I was consulted in the case of a lady, in whom two abscesses, formed near the anus, had broken, one externally, which had formed a sinus up by the side of the rectum, above an inch from the verge of the anus. I was consulted for this patient's health, as well as for the fistulous complaint.

Having prescribed medicines, and a regimen suitable for the amendment of her health; I advised that the diseased parts should be kept constantly covered with emollient poultices, and not be irritated by the introduction of the probe, nor by any other means. In the course of eight weeks I had the satisfaction to find a sound cure effected without the use of the knife, and the patient's health re-established.

From this case I was led to reflect on this disease, and to form the opinion that,

in many cases of fistula in ano, very much may depend upon a due attention to the state of the patient's health: without which a permanent cure cannot be performed by any surgical operations, or topical applications.

Other cases have since occurred in my practice, in which, by acting in conformity to such ideas, I have been so fortunate as to see cures effected without the operation for the fistula in ano.

The state of the diseased parts is however to be duly attended to: in some cases, for example, there is much tendency to inflammation and the formation of abscesses: in such, emollient fomentations and poultices will be requisite. Other cases occur, in which the parts affected are torpid, and require the stimulus of such an application as the injection of tincture of cantharides diluted with water, or some other stimulating liquid, into the sinuses.

In other cases, in which nature seems to have rendered such abscesses (or I would rather say, such irritation of these parts) a salutary relief to the constitution, I have known an issue in the arm prove an effectual preventive of such attacks of inflammation about the anus.

A proper attention to, and due management of the external orifices of the sinuses, in regard to keeping them open, by means of the introduction of a probe, or a piece of sponge tent, at those times when the external orifices are disposed to close before the sinuses are healed from the bottom, will, in some instances, be very conducive towards preventing the use of the knife.

Sea bathing has also been found to promote the cure of fistulæ in ano without the operation.

It would not be difficult to enlarge upon this subject; but what is here written,

being the result of actual experience, appeared to me to form sufficient grounds for recommending a due attention to the state of the patient's constitution ; and to warrant me in recommending cautious and sedulous perseverance in such methods of cure, previous to having recourse to the operation.

Another remedy likely to promote the cure of fistulæ without the operation, is that of pressure, by means of bandage, or an instrument constructed on the principle of an elastic truss, or such a one as has been used with advantage in prolapsus ani.

ON HEMORRHAGE.

VARIOUS remedies, both external and internal, have been recommended by ancient as well as modern authors for hemorrhages; such I shall not speak of, professing to confine myself to practical observations on cases which have come under my own inspection; introducing such remarks as occurred at the time, and have resulted therefrom.

Hemorrhages are of two kinds: viz. from the arteries and from the veins.—Hemorrhages from the arteries are the usual consequence of external injuries, from wounds and other accidents.

It is very properly remarked by Mr. Bell, in his System of Surgery, to be “ an
“ established maxim in surgery, that in

“ every case of hemorrhage from any of
 “ the larger arteries, no styptic applica-
 “ tion whatever ought to be trusted to,
 “ the ligature being the only remedy to
 “ be depended on.” This is unquestion-
 ably the fact. But I hope not to be thought
 fastidious in asserting, that to enclose a
 bleeding artery in a ligature, the artery
 should, in every case which will admit of
 it, be actually brought into view by the
 operator; the difficulty of always accom-
 plishing which is proved by the following
 case:

Mr. P——, a glazier in St. Clement’s
 church-yard, London, whilst mending a
 window, wounded his wrist, having cut
 through some of the flexor tendons, and
 the radial artery, which bled profusely.
 A needle and ligature were immediately
 used. After some fruitless attempts to take
 up the vessel, and the loss of much blood,
 the hemorrhage ceased. On the second
 day the bleeding returned with violence:

the needle and ligature were again had recourse to, with the same failure of success. The bleeding returned thirteen times at different intervals, varying from about one to three days.

In one of these hemorrhages I was employed, and the artery not being visible, attempted to discover it by dissecting above an inch upwards, when I endeavoured to enclose it with a needle and ligature. Two days after this, on the hemorrhage returning, the late Mr. J. Hunter was sent for, who discovered the artery by a farther dissection of two inches higher up, it having actually retracted so far. After this operation the hemorrhage did not return, and a cure was speedily accomplished.*

* In all hemorrhages from wounds and operations, we cannot be too careful to keep our bandages loose, for tight bandages by preventing the blood from returning, are very liable to cause a bleeding; instances of which I have noticed.

The obvious inference from this case is, that when a hemorrhage returns after the use of a needle and ligature, we should always suspect that the artery was not actually included in the ligature.

Internal Hemorrhage (case of)

Mr. H——r, junr. of Hertford, aged seventeen years, tall, well proportioned, and healthy, of a complexion rather florid; two years before this attack was seized with a spitting of blood, accompanied with consumptive symptoms, of which he recovered, and had been in good health until September, 1798, when he was attacked with pains in the chest, accompanied with diarrhoea, which having continued between three and four weeks, some blood was perceived in the stools. A cathartic having been administered, the discharge of blood became very profuse. On October 20th, I first visited this pa-

tient, and found in different utensils full five pints of blood, which had been evacuated by the anus within the last twenty-four hours. *Oleum terebinthinæ** was now prescribed, and he took fifteen drops every four or five hours, increasing to twenty-five drops. With less profuse returns of his complaint, this medicine was continued during five days.

On the 25th October, a most violent bleeding took place by the anus as he lay in bed; the blood, literally speaking, poured from him as from a tap. Being called to his assistance, I ordered towels wrung out of cold water to be kept continually applied on his abdomen. Notwithstanding these had been used during three hours, the hemorrhage continued, (not so profuse as at first) and the pulse was nearly lost in the wrist.

* Recommended by the late Mr. J. Hunter as the best styptic for internal, as well as external hemorrhages.

The case was now become extremely critical and dangerous, nor was any time to be lost. Considering it in this point of view, as the most powerful remedy to produce an immediate cessation of the hemorrhage, I ordered the patient to be put into a washing tub, and had three pails of pump water poured suddenly on his belly : which stopped the bleeding. He was immediately put into bed, and from that time recovered, without any return of the hemorrhage; and continues to the present time in good health.

Having received the following letters from the patient and his father, I have taken the liberty to insert them, as tending to elucidate this formidable case. *

Hertford, Nov. 13, 1799,

* DEAR SIR,

I feel the utmost pleasure in complying with your request by this morning's post, which I here relate from the time I was first taken to the period when my recollection forsook me, and my father gives you an account of the remainder of the time.

From this case it is to be inferred, that cold bathing, by pouring cold water on

About the middle of September, 1798, I was seized with pains in my chest and the bottom of my belly, which increased daily, so that the passage through my body was sometimes stopped for two or three days together, which seemed to contain nothing but wind. On the day Admiral Nelson's victory was celebrated, I was seized with very violent pains, which continued till (happily for me) you was called in. My father will relate, on the other side, from the time my recollection failed me.

Accept the best respects of

Your's sincerely,

S. H——, jun.

DEAR SIR,

Hertford, Nov. 13, 1799.

It is with great pleasure I sit down to furnish you with the particulars you desire: for I have long thought it a pity so wonderful a recovery from so violent and extraordinary a disorder should remain unknown to the world.

My son, on the other side, informs you of his first attack, and the situation he felt himself in until

the patient, should be admitted as a valuable remedy in hemorrhages, particularly

about the 20th of October, 1798, (the day you first attended him.)

I think it was about the 16th of the month that I first perceived the bloody evacuation by stool, which continued, with little intermission, until Saturday the 20th, (which was the first day of your attending him. There followed a space of three or four days without any appearance of blood, until Thursday the 25th, when he had that violent bleeding which you stopt by the operation of the water, and from the most wonderful effects of which, by the permission of divine providence, restored him to health.

Whatever reference you may think proper to make shall have every due attention.

I am,

Dear Sir,

With sincere regard,

Yours very respectfully,

S. H.——

internal ones, not only of the abdomen, but it probably may be found useful in those of the thorax and brain.*

Internal hemorrhages are of two kinds, viz. active, which is attended with an increased action of the arterial system, either local, or of the whole body, and usually preceded by a paroxysm of the cold and hot stage of fever, and attended with sizey blood. The other kind, the passive, will include those arising from external injuries, or from a diseased state of the animal fluids, and not dependent on, or caused by, fever; although fever may be a concomitant symptom.

* May not the same application be adviseable in wounds attended with hemorrhage, where the bleeding vessel cannot be taken up.

Vinegar seems to be a remedy well worthy of trial in hemorrhages, beginning with the dose of one ounce, and greatly increasing it: nitre, bark, opium, &c. may be combined with it.

In the active hemorrhage the pulse is usually full, frequent and hard, but becomes soft as the hemorrhage advances, although the fullness often continues. It is also frequently remarked to return, and in some cases at stated periods; but upon what law of the animal economy this depends is not yet ascertained. The theory most accordant to common sense is, that the hemorrhages occur at the period when the vessels have become surcharged by the accumulation of too much blood. This leads me to observe that abstemiousness in the article of liquids should be adopted by persons subject to hemorrhage.

ON MORTIFICATION.

THE Peruvian bark, a most efficacious medicine in this disease, when first introduced, was looked upon as a specific.

About twenty years ago, the late ingenious Mr. Pott published his account of the good effects of opium in mortifications of the toes and feet in old persons. Previous to, and since that time, I have administered opium, with wine and other cordial stimulants, in combination with the bark.

From some cases, two only of which are here subjoined, I am of opinion that in most mortifications, especially those attended with much pain, opium is a me-

dicine of equal, if not superior, efficacy to the bark.

Mary Osborne, aged nine years, was, in June, 1794, seized with a fever, which terminated in a mortification of the right side of the face, affecting the mouth and throat to such a degree that it was with much pain and difficulty she swallowed even liquids, nor could she by any means be prevailed upon to take the bark or any medicine. Being called in to this case which had been regarded as a lost one, I advised that opium should be given in full doses, in order to try its power over this disorder. Twenty drops of the tincture of opium were administered directly, and every four or five hours ten drops given in her aliment. With the opium she continued to take strong beer and porter, for she could not be prevailed upon to take any other food.

The pain which, before she took the opium, had been violent, gradually abated, and in a few days entirely ceased. Most of the upper lip and cheek sloughed off, and in less than three weeks the bone of the cheek of that side of the upper jaw, with the alveolar processes and teeth, and part of the bones of the palate, exfoliated, leaving the child much disfigured, and with considerable difficulty of deglutition. She is now a healthy girl, and makes no complaints about her swallowing.

J. G. carpenter, of Hertford, aged 46 years, had been, during twenty years, occasionally afflicted with ulcers on the legs; otherwise of good health. In July, 1798, he was attacked with a mortification of a considerable part of the right foot, and the whole of the great toe.

The bark not agreeing with him ; his stomach in fact would not bear a sufficient quantity to be likely to be of any service ;

I directed him to take two grains of purified opium immediately, and one grain every four hours, or according as the pain required. The pain was soon alleviated by this medicine, and the farther progress of the mortification also immediately stopped. A cure was effected in as short a time as I had ever known in such cases ; without farther use of the bark.

In January, 1799, the last mentioned patient was attacked with a mortification on the other foot. Opium was again administered, but not with full success; for although the mortification stopped, yet the surrounding parts had a livid appearance, and were flaccid. His health was likewise giving way, his appetite nearly lost, and his pulse very low. For these symptoms I ordered him bark with wine and porter, which soon produced a favourable appearance of the affected part, as well as of his health.

Of external applications I would beg leave to remark, that those of a stimulating kind have not, according to my observations, proved beneficial, but rather the contrary, by increasing the pain and inflammation in the parts adjacent to the mortification, which, from experience, we find always to have a tendency to that disease.

The fermentative poultice made with flour and water, not so warm as new milk when taken from the cow (about 65 of Fahrenheit) a little honey and yeast being added *, often agrees well, seeming to do good, and abating the offensive smell of the part. The poultice made of stale porter or ale grounds and oatmeal is also a good application.

Scarification of mortified parts is now

* If this poultice is made more warm the fermentation will not take place properly.

seldom had recourse to. I know of no state in which it can be of utility, excepting for the evacuation of ichor which is sometimes confined under a mortified part; for the scarifications made on such parts are ever found to assume a disposition to mortify. I have seen mortifications happen from such operation, and prove of serious bad consequence.

ON THE
VENEREAL DISEASE.

HAVING, in 1779, published Observations on the Venereal Disease, I embrace the present opportunity of making some extracts from that work, and of publishing some few additional remarks on this disease.

Since the above mentioned publication, two remedies have been recommended as substitutes for mercury ; viz. opium and nitrous acid.

Opium has been fully tried, and abandoned, as unequal to the effect desired ; a satisfactory account of which is to be seen in the late ingenious John Hunter's Treatise on the Venereal Disease.

The nitrous acid, recommended with much confidence as a specific for this disease, has been administered by many practitioners, with very unequal success, and is now under trial.

According to the remarks of the several writers on this subject, this powerful medicine appears to me to be endued with but little specific power over the venereal virus;* but will probably be found an useful medicine for some symptoms occurring in obstinate venereal cases of long standing, in which mercury may have acted in such a manner as to have injured the constitution without curing the symptoms: in some such cases, the acid seems to have produced the best effects.

On chancres, I have to state my apprehensions that the application of mercurial

* It may, perhaps, in a hot climate, be a more useful medicine, than in this cold part of the world.

ointment to the part is an unsafe remedy; having seen several cases in which symptoms of confirmed lues have ensued after such practice.—Fine dry lint, as a dressing for chancres, is preferable to any unctuous application.

Upon the subject of buboes, I shall take the liberty to make an extract from my said treatise, (page 66). “ But I am well
 “ convinced that venereal buboes may be
 “ cured without any surgical operation;
 “ for if they are treated as a common ab-
 “ scess, and permitted to break of them-
 “ selves, the cure may be performed with-
 “ out farther surgical aid.”—(Page 68.)
 “ Nineteen cases, in which I have used
 “ this practice with success, prove that it
 “ will, in general, answer every curative
 “ intent; and it may be added, that most
 “ other abscesses, whether venereal or not,
 “ if situated as favourably as buboes, may

“ be cured in the same manner, as I have
 “ repeatedly experienced.”

That most abscesses may be cured without an operation, is now sanctioned by the experience of other practitioners. But that there are exceptions to this practice must be acknowledged; for no man can call it good surgery to suffer an abscess, situated under the muscles of the abdomen, for example, or the thorax, to break of itself. In the abdominal abscess there would be danger of the matter burrowing to much extent under the muscles; and in such abscesses, as well as in those of the thorax, there would also be danger of the matter breaking into the cavity; an instance of which I was once witness of in a case of this kind, in which I was not concerned, (not being then in practice). Matter had formed on the external part of the thorax, and a fluctuation was perceptible; but the operation for the discharge of the

pus having been deferred until the ensuing day, the abscess unfortunately broke internally, and the patient died in consequence of this delay of the operation.

On the constitutional lues venerea, it is remarked, page 95 of the above work, that those cures are seldom permanent which are effected with less than fourteen doses of mercury. The truth of this remark, at that time founded on much practical observation, particularly at the Magdalen Hospital, I have since found fully justified by practical observations.

Under the subject of nodes and pains in the bones, from a venereal cause, it was remarked, that some of those cases could not be cured by mercury; that is to say, that the pains will, in some instances, continue after, and during such a long and well conducted mercurial course, as may have completely eradicated the venereal

virus, although the pains should continue; which I accounted for by supposing, either that the disease in the part was the remaining effect produced by the venereal virus, which had been eradicated by the mercury, and that the cure was then performed by the constitution, which it was not capable of effecting, while harassed with a mercurial course: or, this idea being carried still farther, may we not suppose mercury keeps up the disease by irritating the part, and that sarsaparilla acts as an antidote to such irritation? I have found mezereon of use in some such cases, by causing an abatement of the pains.

This remark appears to me of great moment. I was consulted on a case last summer, in which ulcers in the throat,* with nocturnal pains in the legs and arms,

* Mercury will sometimes produce ulcers on the tonsils.—Mercury given without caution, often produces the same symptoms as rheumatism.

JOHN HUNTER on the Venereal Disease.

continued, notwithstanding three salivations; the patient was also so emaciated as to render a farther course of mercury an expedient which would, to almost a moral certainty, have proved fatal. On a discontinuance of mercury, recourse being had to a restorative and milk diet, this patient recovered, who would otherwise probably have fallen a victim to the too free use of mercury. Other cases have come to my knowledge, fully to satisfy me of the truth of the observation.

I beg leave to add one farther remark: In cases admitting of doubt, the opinion may be fixed, by ascertaining whether the patient had undergone a judicious, well conducted mercurial course, such as we know to be usually sufficient for the eradication of a true lues venerea, during, or previous to the appearance of such symptoms. For if such a course had preceded, or had been administered for the cure, it would induce to the conclusion of the

symptoms not being venereal, but caused by the action of mercury, or the consequence of the disease, and not curable by mercury.

Amongst the symptoms, which are sometimes most truly distressing to the minds of patients, from their erroneously imagining them to be venereal, is a painful affection of the parts of generation, and of the hips, pubis, and thighs. This complaint is usually attributed to the mind, being supposed to be only imaginary; but from a due attention to the circumstances which frequently precede these symptoms, I am of opinion that such pains do actually occur, and are of the rheumatic kind, arising from exposure to cold, after or during the venereal act. I have in consequence treated such as rheumatism, with the desired effect.

But as an instance of the combating with success an erroneous idea, I beg to be once more excused for relating a case.

I was consulted in May, 1797, by a patient at Cheshunt, who imagined his nose was rotting off from a venereal cause. This was certainly an affection of the mind, there not being any appearance of disease of the part.

To combat this false idea, I determined to endeavour to convince the patient of his error, by the following kind of stratagem. I directed him to make use of a sternutatory powder. During the violent sneezing it produced, he was in great fear of his nose coming off; but was thereby convinced of the erroneousness of his former opinion. This patient, as are most of those who have such false ideas, was of a melancholic temperament, and disposed to sink into a melancholy state of mind. By the use of the bark and other

tonics, he recovered his health and spirits, and continues in good health.

One case of mental affection, in which the idea of the patient was, that the genital parts were affected with the foul disease, and were rotting off, occurred at St. Clement's Dane workhouse, in Carey-street, in 1784, whilst I was attending as Surgeon to that house. The man was about 54 years of age, and of sound mind upon all other topics: after continuing to dwell on this idea for some months, he became perfectly insane.

I shall conclude these remarks with an extract from the late John Hunter's invaluable Treatise on the Venereal Disease.

“ The symptoms produced from the infection, when in the constitution, are such
 “ as are common to many other diseases;
 “ viz. blotches on the skin are common
 “ to what is called scorbutic habits; pains
 “ common to rheumatism, swellings of

“ the bones, periosteum, fascia, &c. to
 “ many bad habits, perhaps of the scro-
 “ phulous and rheumatic kind.”

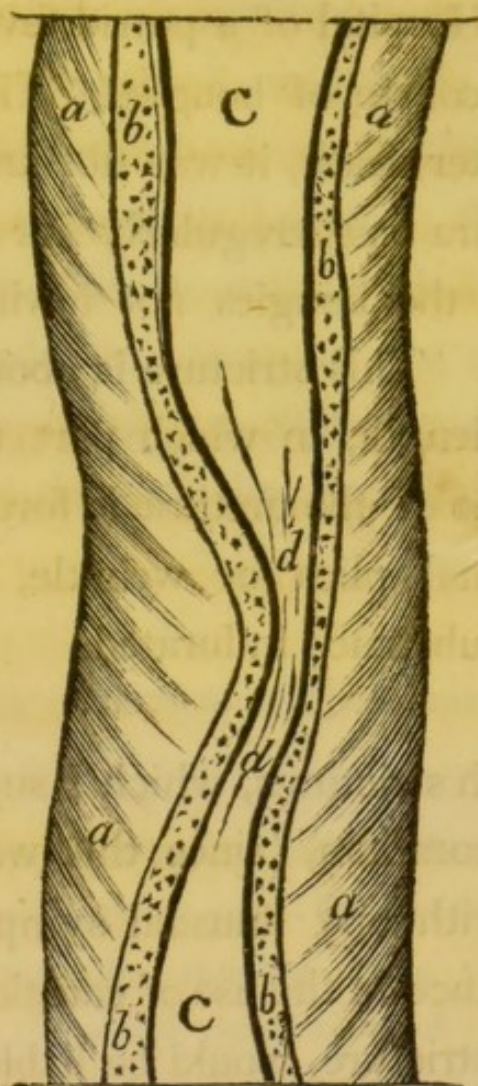
ON
STRICTURES OF THE URETHRA.

THE subject of diseases of the urethra having been so scientifically treated of in John Hunter's work already quoted, it is with much diffidence that I touch the subject; but as the method of introducing caustic into the urethra, for the cure of strictures, has been lately much practised, I hope to be excused in publishing what has occurred within my own observation, lest the junior part of the profession might be induced to make an indiscriminate use of that remedy, from which practice, I am of opinion, serious evil would accrue.

The great objection, which has ever struck me to the use of caustic, is the difficulty of applying it with certainty, so

as to act only on the stricture, and not to injure the sound part of the urethra. This objection is such as appears very difficult to overcome, since the urethra is in some cases, of long standing, tortuous in the diseased part.

An instance of this kind is amongst my anatomical preparations, of which the annexed plate is a representation.



THE OUTLINE OF THE STRICTURE.

- (a a a a) The body of the penis.
(b b b b) The corpus spongiosum urethrae.
(C C) The urethra cut open.
(d d) The stricture which is in a tortuous direction.

It occurred in a man who died in the London Hospital of a putrid fever, while under a course of bougies. Till examination after death, it was not known that the urethra was irregularly curved at the stricture, the bougies not having passed that part. This stricture is about half an inch in length, in which part the inner membrane of the urethra is forced into a longitudinal plica or wrinkle, and the spongy substance indurated.

In such strictures, which I suppose not to be uncommon, (since this was not attended with any unusual symptoms), a perseverance in the use of caustic, so as to pass the stricture, would be liable to burn through the membrane of the urethra, and to incur the danger of violent inflammation and its formidable consequences.*

In such strictures as are caused by a

* See Sharpe's Critical Enquiry, page 151.

membranous band or filament, or a portion of thin membranous substance,* (probably organised coagulable lymph), caustic is certainly more likely to effect a speedy cure than bougies. It should seem then that it may be admitted as a prudent rule, not to apply the caustic so frequently, or so powerfully, as to be liable to destroy through the membrane of the urethra.†

Another objection to the caustic appli-

* I have opened some urethras where caruncles were very evident: in one I found a filament near the verumontanum, running across the urethra, which had obstructed the entrance of the catheter. In another, I found small filaments, some loose, and one of three quarters of an inch long, attached at both ends to the urethra, but running in the direction of the canal. In a third I found a small excrescence not unlike a tricuspid valve of the heart.

SHARPE'S Critical Enquiry.

† Mr. Hunter's idea was, with the caustic (the lunar) to prepare the way for the bougie, and not to apply it above a minute.

J. HUNTER on the Venereal Disease.

cation, and not a trivial one, is the danger of bringing on a violent inflammation of the urethra, scrotum, and contiguous parts, which is usually found to have a strong disposition to terminate in sphacelus and desquamation of the cellular membrane of the scrotum, penis, and perinæum. One case of this kind, arising from the caustic application to a stricture, I attended, and my patient's life was in no small degree of danger. I have also been informed of others, happening from the same cause.—I wish not to appear prejudiced against the use of the caustic, but to endeavour to render it as useful as well as a safe application. Mr. Hunter's idea of the caustic being applied only for a minute, appears very judicious; for the great danger attending the use of caustic is, that of its destroying through the membrane of the urethra, and then the urine getting diffused into the spongy substance of the urethra, the mischief will, I apprehend, be found usually to ensue.

That such effects are more subject to arise from the use of caustic, than of bougies, will, I believe, hardly be doubted. Considering, therefore, the above circumstances, it appears to me, that a cure should be always attempted by bougies, previous to the use of caustic.*

In cases where a bougie would not pass the stricture, I have made use of the following expedient with success: on introducing two, and sometimes even three small bougies down to the stricture, by pressing forwards, first one, then another, I have succeeded in passing the stricture. The first idea of this method struck me in a case in which I had reason to suppose

* It has been advised, even by practitioners of reputation, when obstructions of the urethra proceed from caruncles or carnosities, as they are termed, to destroy them by the use of lunar caustic; but the risk of injuring the contiguous parts by applications of this nature, is evidently so great, as must for ever prevent the practice from being generally received.

BELL's Surgery.

that the urethra was irregularly curved at the stricture. This case occurred in 1784, in a man who, two years before, fell from about five feet above, astride upon a block of wood, bruised his perinæum violently, and injured the urethra, so as to cause a considerable hemorrhage. His urine, when he applied to me for relief, came away almost constantly by drops.

Not being able to pass the smallest bougie through the stricture, I introduced two small bougies down to that part, imagining that as one must point in a wrong direction for passing through the stricture, the other might probably be in a right one. I urged first the one, and then the other, and was successful in passing the stricture.

One word more on the subject of bougies, which is, that cures by them are effectual and permanent. I speak from experience of cases under my own management, several years ago.

Of the composition of bougies, the opinion generally believed now is, that the consistence is the material thing to be considered, the medical properties being of little consequence. Of the truth of this opinion I have some doubt. In my practice, I have used bougies of various compositions, from those of a stimulant kind, to those which were quite mild; having ascertained that some urethræ would bear the stimulant kind without inconvenience, but that others would admit only of the mild kind. This practice I adopted under the idea, that, generally speaking, those cures were less liable to relapses, in which a plentiful purulent discharge ensued upon the use of bougies.

FINIS.

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