Remarks on the operation of the perineal section : for the cure of stricture of the urethra and fistula in perineo / by F.G. William Mullar.

With the Author's Compliments

REMARKS

ON THE

OPERATION OF THE PERINEAL SECTION,

FOR THE CURE OF

STRICTURE OF THE URETHRA

AND

FISTULA IN PERINEO.

BY

F. G. WILLIAM MULLAR, M.D., L.R.C.S.E.

EDINBURGH: ROBERT SETON.

1850.

Price Sixpence.

THORNTON AND COLLIE, PRINTERS,
19 SOUTH ST DAVID STREET.

TO THE

INDEPENDENT MEMBERS OF THE MEDICAL PROFESSION,

THE FOLLOWING

REMARKS ON THE OPERATION OF THE PERINEAL SECTION,

FOR THE CURE OF

STRICTURE OF THE URETHRA AND FISTULA IN PERINEO,

ARE

HUMBLY DEDICATED

BY

THE AUTHOR.

3 Maitland Street, Edinburgh,
27th December, 1850.

REMARKS, &c.

[The following Remarks were originally intended for insertion in the Lancet, but that *Impartial* Journal having declined inserting them, in consequence of their length, I now submit them in the form of a Pamphlet to the Profession.]

It was with amazement, not unmingled with a feeling of commiseration, I read in the Lancet of 16th November 1850, the very uncalled for Note from Mr Syme, published in that paper, in answer, as he himself states, to the cases of reported failure of the Perineal Section, which Professor Lizars published in his letter to the Medical Times of 26th October 1850, and in which Mr Lizars very properly shows that the *Perineal* Section is the *changing* of a *simple proceeding* into that of a *capital operation.* I would not have taken the least notice of so splenetic a production, had I not (although my name was not mentioned) been implicated, to a certain extent, by Mr Syme having denied all knowledge of the cases which I recorded and handed over to Mr Lizars, who then published them for the benefit of the Profession. As Mr Syme did not, in his work on Stricture of the Urethra, inform the Profession that his operation is liable to fail in curing this disease, other persons who have had opportunities of knowing the ultimate result of such cases, are in duty bound to give publicity to them.

Mr Syme states in the 4th line of his communication to the Lancet, "of the four cases recorded I know nothing." It is a most ingenious way to get rid of a disagreeable subject, but decidedly not the most courteous; and, as Mr Syme seems to have forgotten some of his patients, I will take the liberty of laying before your numerous readers circumstances which will confirm Mr Lizars' report, and also of bringing back to Mr Syme's recollection three of the cases of which he seems to affect that he knows nothing; and I make this denouément without the least fear of contradiction, because, if requisite, I can bring forward living proof to

substantiate all my statements. I may here take the liberty of quoting the following remarks uttered by a gentleman at a late meeting of the Medico-Chirurgical Society of London, which cannot be impressed too much on the minds of Professional Men. It is as follows :—" I entirely concur with the reprehension of a practice which now so largely prevails, of publishing successful and withholding unsuccessful cases, a practice which ought to be visited by the indignant reprobation of the Profession. It is a suppression of the truth, which every honest man would condemn, unless there be any code of honour, or morals, which allows of Medical Men doing what other classes of society could not do without degradation. For many years, the disposition to this practice has been growing, and it has attained to such a height, that we are even at this moment unable to determine the results of most of the great operations of surgery, so as to guide us in the advice we should give to our patients. No man is bound to publish his experience, but, if he publish his successful experience he is then morally bound to publish that which is unsuccessful.

I would not have recapitulated the following cases if I had not read a statement made by Mr Syme, page 13, line 14, on Stricture of the Urethra. " *I have repeatedly performed it with perfect success, and never with any unpleasant consequences.*"

Case I. The First Case I wish to point out to your readers, is that of the late Edward Munro, 41 years of age, a plasterer, (and case xv. in Mr Syme's work). He submitted to the Perineal Section in the Royal Infirmary here, on the 20th November 1848. The operation was followed by such excessive Hemorrhage, which, according to his own statements, (and those recorded in the Journal of Medical Ward No. 1), reduced him to such an extent that he was unable so long as he lived to follow his usual employment, and also required the introduction of a catheter upon several occasions, to prevent the operated stricture from contracting too far. He ultimately died of diseased heart.

My account of the disease of heart, being consequent on the loss of blood from the operation, was taken from the man's own lips, and is an abbreviation from the Case Book, fol. 192, as stated by the Infirmary physician, who had been applied to in March 1850. The name of Edward Munro is entered in the

books of the Parochial Board of the 12th June 1848, as having laboured under Bronchitis and Stricture of the Urethra.

The Second Case is that of Archibald D. Sutherland, ætat. 28, bookbinder, (*vide* case xi. on Stricture of Urethra,) he was operated upon by Professor Syme on the 11th August 1849, and was discharged as cured, after remaining in hospital six weeks; and states, that he bled so profusely for forty-eight hours after the operation that the mattress upon which he lay, was completely saturated, and that it was at last checked by ligatures, which Mr Keith, then the Professor's resident clerk, put on. He was delirious on the afternoon of the day of operation. Since June 1850, he requires the regular introduction of catheters, and No. 6 is with difficulty introduced; he has lost the power of ejecting his urine in a stream—it falls perpendicularly to the ground.

The Third Case is that of Francis Rodger, an Irishman, ætat. 25, tailor, and one of my own patients. He placed himself under my treatment, having a severe attack of gonorrhœa, on the 5th February 1849, for which I prescribed. At the end of twenty days, the discharge having nearly disappeared, he again contracted another attack, and for some subsequent weeks led a very irregular life, being nearly for the whole time, more or less, under the influence of drink. He again, in May, made his appearance, and begged that I would prescribe. He progressed favourably for a few days, when he complained that his urine was passed with difficulty, and in a very small stream, the gonorrhœal discharge still continuing to flow copiously. I deemed it prudent not to insert a catheter, and requested him to remain in bed; and every night at bedtime to sit in hot water; and at the sametime I prescribed suitable remedies. This he did, and stated that he obtained great relief from the practice, until the third day, when I was hastily summoned to his residence. Upon examining his perineum, I found a large swelling midway between the raphe and the protuberance of the ischium, which caused great pain when pressed upon, and imparted a feeling of fluctuation, indicating that an abcess had been formed. I made an incision in its most prominent part where the skin seemed to be very thin; a large quantity of pus and blood was discharged, attended by immediate relief to his sufferings. He was desired to poultice until my return. Next day when I visited him, he stated that the

urine had passed more freely, but attended by very severe pain. I strongly advised him to continue in bed, and apply the poultices, &c. What was my astonishment on my next visit to find that he had left the house, having been advised to place himself under Mr Syme's treatment, and thereby be quickly cured; and, if I mistake not, the following day Mr Syme presented him to the students attending his Clinical lectures, pointing out to them the improper and baneful practice of opening a perineal abcess, in such a manner. He was ultimately advised to allow his perineum to be bisected, which was performed in March 1850, and although he remained in hospital five or six months after the operation. What is the result? He is now confined to his bed with a stricture much more contracted than ever, an exceedingly irritable bladder, and a perineum, having several fistulous openings.

The 4th Case, although not operated upon by Professor Syme, was operated upon, in the Royal Infirmary here, and published along with two other Cases, as cures in the Edinburgh Monthly Journal of Medical Science, for November 1850. His name is Joseph Antonio, an Italian, who was operated on in ——— 1850, and now he is truly a most miserable being. I saw him a few days ago; he was nearly crying when he spoke to me about his miserable condition; he states that he has not been able to earn one penny since he left the hospital; his person and his clothes are constanly drenched with urine, and emit a most disagreeable smell caused by the urine passing involuntarily through four or five fistulous openings in the perineum; he also has a very contracted urethra, through which the urine passes drop by drop; his bladder has become very irritable; and when he is compelled to void his water, he is obliged to allow his trowsers to slide down, as if he intended relieving his bowels. He further states, that if he had known before the operation what he now knows, he would sooner have died than submit to it.

Mr Syme, in speaking of this operation, states at page 40, line 19: "Of all the cases in which I have divided the Stricture, only one has been followed by any unpleasant consequences, and this was an *attack of Erysipelas*, which produced *constitutional disturbance, so violent as to prove all but fatal, and productive of emaciation, and prostration of strength to an extreme degree.*" How does this statement agree with that made at page 13, line 14, in

which is stated that it was never in any case followed by any unpleasant consequences? How can this statement agree with the three cases, which sufficiently prove, *that unpleasant, if not dangerous results have occurred, excessive hemorrhage, lasting for forty eight hours and in one case accompanied by delirium, which do not seem to be worthy to be noticed by Mr Syme?* Are these pleasant results?

Mr Syme, in recommending the operation at page 10,* "Says that it is an expedient so *simple and sufficient to accomplish a cure quickly, safely, and surely.*" *But this feeling of simplicity and safety, in which the reader has indulged, is almost immediately destroyed when he reads the description of the operation at page* 41, *line* 10. "If the patient has a great dread of pain, and wishes to escape from the slight degree of it which attends the requisite incision, he should be placed under the influence of the *chloroform not partially*, so as merely to suspend consciousness, or impede his recollection of suffering; *but completely*, so as to prevent any *restlessness* or *unruly struggle, which would tend very seriously to increase the* DIFFICULTY, (how does this agree with SIMPLICITY?) *of the procedure.* He should then be brought to the edge of the bed, and have his limbs supported by two assistants, one of these standing on each side. A grooved director, slightly curved, and small enough to pass through the Stricture, is next introduced, and confided to one of the assistants. The Surgeon sitting or kneeling on one knee, now makes an incision in the middle line of the Perineum or penis, wherever the Stricture is seated. It should be about one inch, or one inch and a half in length, *(in two cases which I have seen, the cicatrices are upwards of* 3 *inches in length,)* and extended through the integuments together with the subjacent textures exterior to the Urethra. The Operator then taking the handle of the director in his left hand, and the knife, which should be a small straight bistoury, in his right hand, feels with his forefinger, guarding the blade, for the director, and pushes the point into the groove behind, or on the bladder side of the Stricture,—runs the knife forward, so as to divide the whole of the thickened textures at the contracted part of the canal, and withdraws the director. Finally, No. 7 or 8 catheter is introduced into the bladder, and retained

---

* Mr Syme on Stricture of Urethra, 1849.

by suitable tapes. Mr Syme recommends the catheter to be retained for 48 hours, and then to be withdrawn, and states that a moderate sized bougie should be passed once a week or fortnight, for two months. In most cases the cure may be deemed complete and lasting."

Mr Syme (on Stricture of Urethra,) page 57, line 5, makes some remarks, as to the difference between the operation which he advocates, and that recommended by the late Mr Liston in his Practical Surgery, page 483, line 35; in which a catheter is passed down to the strictured part of the canal, and the knife made to cut into the Stricture upon the point of the catheter, says, "that the latter operation is protracted, uncertain, dangerous, and unsatisfactory;" while his own operation "is *done at once, perfectly safe, and completely effectual.*" He then continues at line 22 of the same page to contradict his own statement just made, by saying, "The operation by external incision hitherto employed, *has been resorted to as the refuge of awkwardness or failure in the introduction* of instruments, there being no truly impermeable stricture." *Now, if it only require an awkward operator to perform this operation, it surely cannot be so uncertain or dangerous as Mr Syme wishes to make us believe.* He then advocates his own operation, by stating, "while the one now advocated (Perineal Section) can be accomplished only by steps REQUIRING the NICEST *manipulations*!!" how does this agree with the words, *simply, quickly, safely,* and *surely*?

Is that the simple, quick, safe, and sure cure, which is so strongly urged upon the Profession by Mr Syme? An operation which must be looked upon as closely allied to that of lithotomy, in which the danger and difficulty is even less than in perineal section; for in the latter operation we are exposing our patient *to all the dreaded dangers which we ought strenuously to avoid in the operation of lithotomy;* and this I will prove by quoting a passage from the December (1850) number of the Edinburgh Monthly Journal of Medical Science, page 493, line 27. Mr Syme on lithotomy: "The principles of its (lithotomy) safe execution may be shortly stated as a free external incision, careful division of the muscles, *avoidance* of the ANTERIOR OR LATERAL PORTIONS of the MEMBRANOUS PART of the URETHRA, WHERE THE ARTERY *of the bulb is exposed to danger,*" &c. (*Whence came the hæmorrhage of which*

these patients complained so much?) Vide cases 11, 15, 16, 17, of Table I.

Are we not by this advice plainly told, that the very parts which Professor Syme takes such especial care in pointing out as *dangerous*, if not *actually fatal if injured by the knife in Lithotomy*, he recklessly and with perfect *sang froid* recommends, as *simple, quick, safe, and sure, if cut in the performance of the perineal* section?

For what purpose should we undertake this dangerous and difficult operation, which requires the nicest manipulation? What end do we gain by this procedure? And what strictures should be cut? It should surely never be resorted to in those cases in which a catheter can be passed, nor in cases where a No. 7 catheter has been passed with comparative ease; and in which cases, if had recourse to, I think it *a still more unwarrantable proceeding.* Can it be of service in a true organic stricture, where the contraction has been caused by the effusion of lymph into the submucous tissues which surround the Urethra, and there form a ring of organized matter, which ultimately possesses vital properties, and in which the vessels and those of the neighbouring textures seem to be possessed of that peculiar tendency to deposit this abnormal matter, and which fact is proved, in so far, that we can cause it to be absorbed by the pressure which a catheter introduced produces, and which after having been gradually so absorbed, as to admit of a full sized catheter, and the canal thereby to have assumed its natural dimension, it will be re-deposited in an equal ratio, just as the peculiar tendency, or predisposing cause be greater or less, or the amount of irritation which exists to advance the formation of stricture be greater or less. I repeat, can it be of any use in this form of Stricture? Does it stand to reason, that a simple incision of not more than a line in breadth, can be the agent of removing that peculiar tendency which surrounds the entire circumference of the canal to deposit this abnormal matter? It cannot be; it is highly improbable, if the pathological principles be correct in regard to the formation of other abnormal structures which affect the human body. It may as well be asserted that a diseased mammary gland can be with impunity removed after the skin has become affected, or, the lymphatics been contaminated with the disease, as eradicate organic stricture. Because although the deposit which takes place

in stricture is of a simple or non-malignant nature, it still possesses the power of regenerating the same stricture in the partition which is caused by the effused lymph, thrown out to aglutinate the opposite surfaces of the recently made wound, and ultimately assumes the same resilient property which was thought to be destroyed by its agency. I would again ask, what power has it to cure spasmodic stricture, where (at least in those cases which I have seen) the constriction in the same individual, at different times, affects different portions of the canal? What good will incision do in such cases? Will it remedy the evil? No, assuredly not; strict regimen, and appropriate remedies are the only means for relieving, and ultimately overcoming or curing these.

Mr Syme more especially recommends his operation as being of the greatest benefit in a Stricture, to which he gives the name of "resilient," and which can be dilated so as to admit of a large-sized bougie; but which, immediately after the instrument has been removed, closes to its smallest previous diameter. I would ask, of what use is it in such Strictures? In my humble opinion, it cannot be of the least permanent benefit; as in those cases, so far as my experience has shown me, they consist of cases in which a false passage has been made, the walls of which passage consist more or less of cellular tissue, which will contract, and must contract, during the process of healing; for I suppose every third year's student must be aware that a mucous lining membrane cannot be formed where none previously existed. As this is the case, does Mr Syme presume to say that, by making an extra new wound, he will cause the passage to assume its normal condition? Is Mr Syme not aware of the fact, that every wound which is allowed to heal contracts? and this contraction not only exists in the wound itself, but, by puckering and drawing together the adjacent textures, must ultimately have a contracting effect upon the very parts which were sought to be remedied by the perineal section.

While preparing these remarks for the press, I have read a Pamphlet on the same subject by F. B. Courtenay, Esq., Surgeon, London; and in reference to Case No. 2 of Table I., I find the following statements as regards the cure of this case.

"The patient has, for the last two months, been rapidly re-

lapsing into his previous condition ; and I cannot illustrate his present state better than by giving an extract from a communication which I received from him this morning (February 19th) ; he writes : '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*. The state of the urine is, however, much improved" (he had written shortly before this to say that the urine was in a most unhealthy state). Such is the account of the patient's miserable condition at this moment. Of course, Professor Syme is not chargeable with withholding an account such as this. Nevertheless, the patient's letters to Professor Syme, previous to his case being published (if I am correctly informed), detailed the reappearance of symptoms of such a character as would, I should have thought, have led the latter to have published a less glowing and more qualified account of the case than that which appears in his treatise ; whilst it should also have suggested to his mind the propriety of not indulging in such exaggerated descriptions of the superiority of his operation, as a permanent means of cure, over those other methods of treatment which he has so unsparingly denounced*.....I have just been informed, on undoubted authority, of another instance in which a patient operated on by Professor Syme has relapsed into his former, if not into a worse state than he was before the operation. This fact convinces me of the utter fallacy of Mr Syme's theory as to the operation effecting a permanent cure of Strictures even more strongly than the failure in the above case, as that may, in many respects, be regarded as exceptional†.....The general professional reader will also see from this case, that even the halo of respect that may surround the opinions and recommendations of an individual, filling the high office of Professor of Surgery to the University of Edinburgh, should not be permitted so to dazzle his eyes and blind his judgment, as to induce him to pin his faith to the Professor's sleeve without question or inquiry."‡

---

* Vide Courtenay on Stricture of Urethra, pages 21, 22.

† Ib. p. 24. ‡ Ib. p. 23.

Mr Syme in his several communications on Stricture of Urethra, which he has published, has not, as far as I remember, stated on what theory he has based his operation. It is not enough for him to state that such an operation has been performed ; he is in duty bound by the situation he holds, to state candidly and openly his grounds for this proceeding,—especially as his work on Stricture of the Urethra, contains opinions which do not agree with each other, or with the opinions he promulgates in his other publications.

At the end of the work on Stricture of the Urethra, Mr Syme states, " from what has been said in the foregoing pages I trust it will appear established,—

" 1st, That division of a Stricture by external incision is sufficient for the complete remedy of the disease in its most inveterate and obstinate forms.

" 2d, 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.*"

Upon what principle has Mr Syme been led to constitute the first of these facts ? Surely not upon the cases published.

Is it possible to reconcile the assertions made by Mr Syme—of its being the one simple, quick, safe, and sure cure—with the facts of the cases recorded (see cases 11, 15, 16. and 17), or with his own contradictory statement which I have taken the liberty of reverting to, as evidences of the operation being an operation which ought only to be had recourse to in those cases of dangerous distention where there appear evidences that the *Bladder or Urethra*, behind the point of *Stricture*, are *liable to be ruptured*, and therefore, of two evils, we ought to choose the least ?

Why, may I ask, should any Surgeon undertake this serious operation, requiring, according to Mr Syme, the nicest manipulations ? *It is an operation recommended by Mr Syme, it is true, but that is not sufficient ; we require more than that ;* the Profession *requires proper and sure principles promulgated, and well-established facts recorded*, before they are justified in undertaking the responsibility of such a proceeding.

By whomsoever an operation is recommended—whether by a Liston, a Lizars, or one suggested even by Mr Syme—it is the bounden duty of every surgeon to examine thoroughly, and for

his own satisfaction, *all the facts* which are advanced to support it. Let that operation be of the most serious or of the most simple nature, *we should regard any mode of cure with suspicion, especially if that cure be published as successful in every case* in which it might have been applied.

In concluding, I may revert to a few remarks made by Mr Syme on "the means at present employed for this purpose." 1st. Dilatation by bougies (*catheters are the only instruments which ought to be employed.*) 2d. Dilatation by catheters retained in the bladder. 3d. escharotic effect of caustic. 4th. Internal incision by sheathed blades passed through the Stricture; and, 5th. Incision of the Perineum in search of the Urethra deemed impermeable. *Of these the first mentioned is justly regarded as the safest and best.*" And, at page 44, line 14, he says,—"*It is now universally admitted that the bougie acts beneficially, by exciting a degree* of irritation, *sufficient to induce an absorption of the thickened textures which occasion the contraction* concerned in the *formation of Stricture*! Again, at page 46, line 23, he further states,—"The operation of dilatation, when carefully conducted with due attention to all precautions which have been mentioned, the process of dilatation frequently affords the most satisfactory results!"

And this is still further shown by reading a sentence at page 332 of his "Principles of Surgery," line 23. He there says, in reference to Stricture of the Rectum, caused by diseased (non-malignant) action in the coats of the gut. "*The best remedy consists in the introduction of bougies*, successively increased in size, WHICH, BY INDUCING INTERSTITIAL ABSORPTION IN THE PARIETES OF THE INTESTINE, GRADUALLY RESTORES THEM TO A NATURAL STATE.

By the foregoing quotations it will appear evident that even Mr Syme, unknown to himself, advocates the process of dilatation with bougies, as the proper and only legitimate proceeding which ought to be had recourse to in all permeable Strictures.

He contradicts his own statements, by telling us, at page 48, that a gentleman had had suppuration of the leg, and afterwards disease of hip-joint, induced by the insertion of a catheter; and another case, where he asserts that suppuration was caused in the ankle-joint, and ultimately disease of hip-joint, by the insertion of a catheter. Is this possible?

Mr Syme remarks, that no Stricture is truly impermeable.

How does Mr Syme prove this statement? By the following process. He introduces into the Strictured Urethra a solid wire instrument (as bougie) of such thin dimensions as to require the name of *knitting needle*, and by means of which he wishes to prove that a Stricture is permeable. It may be asked, can he with any certainty assert that the instrument has passed into the bladder through the canal, without having deviated from its normal course? I most undoubtedly say, no; he cannot prove anything of the kind. This wire, very probably, has passed through the constricted textures by making a false passage, and this without producing the least pain, or causing the smallest drop of blood to appear. This I assert as a fact, because we can introduce a large sized acu-puncture needle into the living textures of the human body without producing much pain, or being followed by one drop of blood.

Can Mr Syme positively state that he has entered the bladder when using the knitting needle bougies? No.

Can Mr Syme's method be correct, of showing the surgical profession of Scotland and England how an English impermeable Stricture can be changed into an Edinburgh permeable Stricture? Most decidedly not!

I repeat again, that the only justifiable proceeding to ascertain the permeability or impermeability is by the careful use of sound well-finished sterling silver catheters, especially when obliged to use them of so small a size as Nos. 2 or 1.

List of Cases Operated upon, and published by Mr Syme.

No. of case.	Name and Age.	Time Stricture has existed.	Operation when performed.	When dismissed as cured.	Present state of health	REMARKS.
1	Gentleman Age not stated.	20 Years.	Not Stated.	Not Stated.	Reported Good.	In this case Mr Syme tried effect of ternal incision.
* 2	Officer in H. E. I. C. S. Age not stated.	7 Years.	March 2, 1849.	About Three Weeks.	Not Known.	Stricture has returned, is as bad as vide page 12 for his own statements
3	D. I. Confectioner. Age not stated.	5 Years.	Jan. 20, 1849.	Feb. 2, 1849. 1 month.	Not Known.	This patient had two strictures, on was divided; what became of the o the glans?
4	J. T. Ætat, 36.	3 Years.	Dec. 2, 1847.	Jan. 3, 1848. 1 month.	Not Stated.	
5	Gentleman. Age not stated.	7 Years.	June 13, 1849.	July 13, 1849. 1 month.	Not Stated.	This case was spasmodic; chlor was administered.
6	Soldier, Ætat, 33.	Not Stated.	Feb. 8.	March 14.	Not Stated.	Left to join his Regiment.
7	Sergeant, Ætat, 26.	3 Years.	April 4.		Reported Well.	Left to join his Regiment.
8	Not stated.	30 Years.	July 11.		Well in Nov. 1849	
9	Naval Officer.	Many Years.	Not Stated.	Not Stated.	Not Stated.	Not Stated.
10	Gentleman. Ætat, 26.	Not Stated.	Not Stated.	Not Stated.	Not Stated.	In this case Mr Syme tells us th patient can introduce a bougie hi Where is the cure of the patient, if obliged to introduce a bougie himse
* 11	A. S. Ætat, 28.	5 Years.	Aug. 11. 1849.	Sept. 2, 1849. 3 weeks.	Very Bad.	Vide History of case 2nd.
† 12	W. W. Boatswain, Ætat, 48.	13 Years.	No Operation.			Dismissed, cured in 6 weeks by dilatation! 2 strictures.
† 13	A. M. Soldier, Ætat, 24.	5 Years.	No Operation.			Dismissed, cured in 5 weeks by dilatation!
14	W. R. Labourer, Ætat, 45.	20 Years.	Jan. 13,	Feb. 7.	Not Stated.	Not Stated.
* 15	E. M. Ætat, 41.	19 Years.	Nov. 20, 1848.	Dec. 2, 1848.	Dead.	Vide History of case 1st.
* 16	F. R. Tailor, Ætat, 24.	10 Months	March, 1850.	September 1850. Uncured.	Very Bad.	Vide History of case 3rd.
* 17	J. A. 49 years.	Several Years.	1850.	1850.	Wretched in the Extreme.	Vide History of case 4th.

Out of the 15 Cases published by Mr Syme, we find that only 13 were operated upon (Perineal Section), and these are arranged below in such a manner as will at once lead to a conclusion. The case No. 16, Francis Rodger is also included, as he was operated upon by Mr Syme since the publication of his book on Stricture of Urethra.

---

4 Cases.	Nos. 1, 5, 8, 10.	These cases are reported cured and in the enjoyment of good health.
7 Cases.	Nos. 2, 3, 4, 6, 7, 9, 14.	Cures dubious on account of the short time which was allowed to elapse from the time of the performance of the operation to that of publishing the cures. Out of these seven cases,—
	*No. 2, - -	This case is reported as cured in Mr Syme's work, but which is shown to be a failure upon reading pages 12 and 13.
	Nos 6. and 7. -	Soldiers joined their respective Regiments immediately after the operation.
	Nos. 9 and 14.	In these two cases the time is not mentioned when treatment terminated.
	No. 3. - -	In this patient two strictures existed, one only was divided. What became of the other at the glans?
2 Cases.	Nos. 12 and 13.	Cured by pure dilatation.
	No. 12. - -	In this patient, Mr Syme states, that *two strictures existed*, also a perineal fistula; *the strictures were so tight that no bougie had been passed for 9 years.*
	No. 13. - -	This patient had one stricture so *tight* that *he* with *difficulty introduced* the *smallest* bougie, and yet both these cases were cured by dilatation unaccompanied by perineal section, and that within a month! If perineal section had been had recourse to in these two cases, most likely it would have the honour of having cured them.
*2 Cases.	Nos. 11 and 15. Of Archibald Sutherland and Edward Munro.	These cases are reported in the book published by Mr Syme as cured, but which I have shown, by stating their subsequent histories, as being the very opposite of such a favourable termination. *Mr Syme did not even give us a hint that hemorrhage did occur, nor that it was likely to happen, yet these patients complained most severely of that occurrence. Vide Hist.* (Case 11 and Case 15, in Mr Syme's work of Stricture of Urethra.
*Case 16.	Francis Rodger.	*In this man hemorrhage took place to a frightful extent, and continued to bleed for some length of time.* This man has very tight stricture, irritable bladder, and incontinence of Urine, obliged to be six days out of seven in bed.

What do these 16 Cases teach us?
That 4 of their number were cured;
6 are doubtful, as shown in Table No. 2.
2 Cases, and those the most unpromising, were cured in one month by dilatation. And that
4 (marked with *) are wholly unfit for the active duties of life.

Case No. 17 is not one of Mr Syme's, but taken from the Monthly Journal, of Nov. 1850.