Opinions and statistics on the immediate treatment of stricture of the urethra, by the employment of the 'stricture dilator' / by Barnard Holt.

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OPINIONS AND STATISTICS

ON THE

IMMEDIATE TREATMENT

OF

STRICTURE OF THE URETHRA,

BY THE EMPLOYMENT OF THE

"STRICTURE DILATOR."

BY

BARNARD HOLT, F.R.C.S.

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LONDON:

J. WELCH, 24, HOUGHTON STREET, STRAND, W.C.

1865.

INTRODUCTION.

The subject of Stricture of the Urethra and its appropriate treatment has been lately revived in the pages of the *Lancet* by the publication of Mr. Smith's case; and in compliance with the pledge I gave in my reply, I now publish all the information I can gather as to the results of my method of operating.

Stricture of the Urethra has probably never created more interest than at the present time. The disease, in its advanced forms, is so formidable, and the misery it occasions, independent of its frequently fatal issue, is so great, that the attention of the Profession has long been engaged in considering the several plans already promulgated for its relief.

For rather more than ten years I have pursued a plan of treatment, which has probably met with greater success (not only at my hands, but in that of other Surgeons), than any other operation undertaken for so serious a disease; indeed, I might add, as will be shown by the testimony of others, greater than attends many of the more simple operations in Surgery. My object in the present pamphlet is to publish, as shortly as

possible, the opinions of Surgeons of the highest repute, in reference to this plan, to refute the statements that have been made regarding the fatal issue of cases being solely due to the performance of the operation, and to ask the Profession, whether there is at present known any other mode of treatment that can afford such immediate and, with proper care, such permanent relief?

My thanks are due to those gentlemen who have kindly replied to my appeal for information respecting the number of cases operated upon, and the results. With several, the opportunity has not yet presented itself where the operation may be necessary; with others, objecting to the principle, they decline to give it a trial; and with some, they still continue to prefer the old and tedious plan of gradual dilatation, which in the more severe forms of the disease, is utterly useless, excepting the Patient consent to remain, as I have already termed him, a surgical annuity. And in yet a further section, there are those who pursue a plan less effectual than that of even gradual dilatation, viz., by keeping a catheter in the bladder until a large size instrument can be passed. I do not make these assertions without good grounds for doing so; and I could mention, were it desirable to do so, a sufficient number of cases in which these plans had been carried out to the full, and yet the Patients have subsequently consulted me, have been operated upon

by my method, and now remain so far well that they suffer no inconvenience of any kind, and the same sized instrument is maintained, although years have elapsed since the operation was performed.

I will first record the opinions I have already received, and then make some remarks upon the cases that have terminated fatally, or rather, upon those that have died after the performance of the operation; and I will conclude with further directions as to the mode of operating, and record a few, among a large number of cases, where the operation has been performed for some years.

OPINIONS

ON THE USE OF THE

"STRICTURE DILATOR."

[No. 1.] 1, *Harewood Place, Hanover Square, W.*

March 20, 1865.

Dear Holt,—

I have no record of the cases in which I have operated on strictures with yonr instrument, but they are six, or more; and I have seen no fatal or other untoward result. I operated on one to-day, and propose to do so on another on Wednesday.

Very truly yours,

JAMES PAGET.

Barnard Holt, Esq.

I do not know whether any of my colleagues have used your instrument, except Mr. Thomas Smith, who tells me he has employed it twice, with good results.

[No. 2.] 1, *Grosvenor Place, S.W.*,
March 20, 1865.

My dear Sir,—

My experience of your operation is very limited, having hitherto, perhaps, wrongly regarded it as an exceptional method, only to be resorted to after gradual dilatation had failed. I have only employed it once, and that was on Saturday last. The patient has had no pain greater than that caused by the passage of a bougie; no bleeding, no rigor, or other unpleasant symptom, although his urethra was exceedingly irritable, and rigor had frequently followed the passage of small bougies. I read the case recorded in last week's *Lancet*, before operating on this gentleman; it produced no misgiving or hesitation in my mind, as I regarded it as entirely exceptional, and, therefore, of no *practical* value to influence one's proceedings.

My uncle has operated eight times with your instrument; five of the cases were at St. Mary's Hospital, three were private. The result has been eminently satisfactory in all; and no bad symptom has been observed in any case. He, like myself, has used it, at present, exceptionally, and in cases where he would formerly have resorted to perineal incision.

In haste,

Faithfully yours,

JAMES R. LANE.

Barnard Holt, Esq.

[No. 3.] 22, *Queen Street, May Fair,*
March 20, 1865.

My dear Sir,—

I have operated either 5 or 6 times with your instrument. None of my cases were followed by any unpleasant (still less alarming) symptoms, although in one case the instrument, which was badly constructed, gave way in the urethra, and came out much broken and twisted.

I think I may say that these are the only similar operations which have been performed at St. George's.

Believe me, my dear Sir,
Yours faithfully,
T. HOLMES.

B. Holt, Esq.

[No. 4.] 59, *Green Street, Grosvenor Square, W.,*
20*th March*, 1865.

My dear Sir,—

As regards my own cases, the number I know not; I can state that no fatal result has followed the employment of rapid dilatation.

Believe me, very truly yours,
B. Holt, Esq. JOHN BIRKETT.

[No. 5.] 8, *Merrion Square, North,*
March 23, 1865.

My dear Macnamara,—

In answer to your question this morning, I have used the immediate plan in about sixteen cases, and have

never seen even an unpleasant symptom afterwards. I have never used the Dilator until I was quite sure I had the instrument in the bladder; and I always avoid introducing the catheter for five or six days after the operation. Two cases occur to my mind, which show the safety of the operation, when these precautions (so insisted upon by Mr. Holt, and so little regarded in many cases, even in Brumstead's new book, after describing Prof. Holt's instrument and my modification of it, he says, that after both, the catheter must be introduced *every day*,) are observed. A man came to me to the hospital, with retention of urine. With great difficulty I introduced a No. 1 catheter, after a hot bath. He had had his stricture for five years. I dilated the stricture, and as I had not a bed for him in the hospital, he went home, and came next day, saying he could pass water well (you and Mr. Porter, and Mr. Fleming examined him before I dilated the stricture). I passed No. 10 for him three times within a month, and heard nothing more of him for thirteen months, when one of the students told me he had met the man, who said he was quite well. I asked him to send him to the hospital. He came, and I passed No. 10 with the greatest ease.

The other case was an old servant, who had been under my care for many months, and I could never get above No. 3. His stricture was 28 years' standing. He had been under Mr. Wilmot's care for a long time, and also under Mr. Wilmot's father. He was my second case. I told him to go home to bed, and take the quinine and opium s.a. He went to bed as directed, but rose

again in about half-an-hour, as he had forgotten to get the medicine. He walked from Fitzwilliam Place to Rutland Square (where he got medicine for half-price), and back again. Went to bed for three hours, and then went to a railway station, where he sat for an hour waiting for his mistress. He then drove home on the box of the cab at ten o'clock at night, and called on me the following day to say, he felt a little sore between his legs, but had had no rigors. I passed No. 10 for him on the eighth day after the operation, and now every three months he comes to me "for fear it might contract"—his own idea. Dr. Cruise examined him to-day for me, with his endoscope, but I have not seen him yet.

Yours ever,

PHILIP C. SMYLY.

[No. 6.] 73, *Marland Place, Southampton,*

March 24th, 1865.

My dear Mr. Holt,—

I have not replied sooner to your note, as I was anxious to obtain, if possible, any information having reference to your enquiries.

I have not met with any medical men who have had more than one or two cases, and these have been successful. I have adopted your immediate method in twenty-nine cases, and I obtained the most complete success in every instance that I operated. In two cases only was I induced to give opium and quinine.

One man came to me in the night, an old patient, an engineer. I slit up his stricture, and the man walked away home to a distance of a mile, and never required a dose of sedative, or any other form of medicine. Indeed, I have never taken *any precautionary* means with my patients, and all have done well.

I regard your immediate method of treating old strictures, the best of any that I am aware of; indeed, I look upon your operation as one of the greatest surgical achievements of the last five-and-twenty years.

Henry Smith's case will not shake my confidence in any degree.

I shall, however, make a point of looking to the condition of the kidneys before operating on any more.

I am sorry that this fatal case occurred, but it is right that it should be recorded.

Faithfully yours,

JOHN WIBLIN.

[No. 7.] 95, *Stephen's Green South, Dublin,*
24th March, 1865.

My dear Sir,—

I have to offer you my apologies for not sooner answering yours of the 20th inst.; but I was anxious to be in a position to do so fully. My colleague, Mr. Porter, the senior surgeon to the Meath Hospital, who was, at first, rather opposed to the "immediate plan," latterly has adopted it, and has operated upon 9 cases of well

marked stricture, without having met with any unfavourable result whatever. Mr. Collis has employed the immediate plan from my first introduction of it into Dublin, and is, I know, a firm supporter of the operation, but I cannot mention the number of his cases or the results, as he is at present absent in London, but I believe him to be too sound a surgeon to persevere in its employment, had he not every reason to feel satisfied with his results. Mr. Wharton has only employed it in one case, but in that case the results were perfectly satisfactory. Mr. Smyly writes to tell me, that he has employed it in 16 cases, and that he has never seen "even an unpleasant symptom." I enclose you his letter. So much for my colleagues in the Meath Hospital.

My distinguished friend, Mr. Robert Macdonnell, surgeon to Jervis Street Hospital, and to the Mountjoy Prison, a few days ago informed me that he had employed it in six cases, without ever seeing a single untoward symptom; and his position as surgeon to the Mountjoy Convict Prison has given him most favourable opportunities of watching the cases after operation. Some eighteen months ago I assisted him in operating upon two prisoners, both subject to bad stricture; and he informs me that nine months afterwards he found these men as well as on the day after the operation. He promised to trace their subsequent career at Spike Island, where they are in penal service; but entertains no doubt of their permanent cure.

As to my own personal experience, I have had considerably more than one hundred cases of stricture, in both public and private, that I have treated on the im-

mediate plan; and I never saw any worse symptom than rigor following the operation, and that only in very exceptional cases. I have operated upon some with valvular disease of the heart, with fistulæ in perinœo, in relapsed cases that had been previously treated (and that by the distinguished surgeons that advocate these plans), by Symes' operation, by Wakley's bougies, by Wade's caustic; in cases where, from over-distension of the bladder, and the constant dribbling of the urine, which, for purposes of cleanliness, had to be received in an india-rubber receptacle, the prepuce became so contracted, that it could not be retracted sufficiently to allow me to see the meatus, in cases of such irritable urethra that the slightest attempt to introduce a gum elastic catheter was attended with intense agony, rigors, and sweat; and yet have I never seen any result, save what I have already mentioned, rigors, and that in not 5 per cent of my cases.

It is only right to add, that in this city one fatal case is laid to my charge. Early in 1863, an elderly gentleman, a victim to stricture since 1822, consulted me. He had been under various surgeons' care in both Dublin and London, but with the unvarying result, a relapse. I employed in his person the "immediate plan," and by some means that I never since have been able to explain, the wire stylet bulged out at the lower end of your instrument, on the Dilator being driven home. I immediately recognised the nature of the accident on withdrawing the Dilator. I seized the wire by a strong forceps, forcibly extended it, whilst keeping the instrument steady with the left hand; and having as far as

possible rectified matters, I withdrew all the apparatus; there was some slight bleeding, but I was able to draw off his water with a No. 10 catheter. He got swelled testicle, which, under the usual treatment, subsided, and he resumed his public duties in one of our law courts. His stricture, however, returned; and after some five months or so of attendance on me, he placed himself under the care of a deservedly most eminent surgeon in this city. This gentlemen introduced an instrument with the intention of leaving it there some days; but great irritation followed; again swelled testicle appeared, which ran on into abscess. This was opened; a large quantity of pus escaped. The other testicle then followed a similar course, and the gentleman died. I think it but justice to all parties to mention this case, and the strict facts connected with it, as in some quarters this case is always adduced as a fatal one resulting upon the "immediate plan." You may remember my sending you the instruments at the time the accident occurred. I have frequently used it since, but, thank God, without any similar *contretemps*.

As to the oft-repeated charge of pain and bleeding, I can only remember two cases in which I have found it necessary to resort to chloroform. In all my other cases I have operated without it, and in reply to my enquiries as to pain, the general answer is, that they had frequently suffered more pain and lost more blood in the attempt to introduce an ordinary instrument. As to bleeding, I have rarely seen more than a few drops of blood, certainly never anything to an amount that would give the slightest anxiety to even the most timid surgeon.

In conclusion, all that I can add is, that my experience (no very limited one) of the results of your operation is, that were I unfortunate enough to suffer from stricture, it should be treated on the "immediate plan."

Yours very faithfully,

R. MACNAMARA.

B. Holt, Esq.

[No. 8.] *York, 27th March*, 1865.

Dear Sir,—

In reply to your general appeal, as conveyed through the pages of the *Lancet*, of the 25th inst., as to the result of your operation in the hands of other surgeons, I may state that I have used your Dilator about 25 times, with the greatest satisfaction both to my patients and myself.

Many of my cases were of long standing, and as bad as can possibly be imagined, but in no cases have I seen any ill effect follow the forcible dilatation.

In one case that came before me, before I adopted your plan, it was with the greatest difficulty a No. 1 catheter could be introduced. I was then in the constant habit of using Wakley's instruments, and gradually I got the stricture dilated, till a No. 12 I found passed easily. I then lost sight of my patient for about three months; when he returned with the stricture as bad as ever. I then used your Dilator (this is more than a year ago) and a short time ago I saw my patient and he has remained perfectly well.

I might detail many as satisfactory cases, and of very long standing, treated by others, by other modes, with unsatisfactory results; but, of course, they would only be repetitions; all I will add is, the patients' gratitude in these cases is quite proportionate to the larger and more perfect success that attends the use of your instrument, and did I not derive much satisfaction myself by carrying out your ideas, I should not have troubled you with so long an epistle.

I am, Sir,

Faithfully yours,

WILLIAM BIRD.

B. Holt, Esq.

[No. 9.] *Royal Victoria Hospital, Netley, Southampton,*
29th March, 1865.

Dear Sir,—

With reference to your letter in the last number of the *Lancet*, respecting the recent fatal case following the use of Holt's Dilator, I beg to state that I have performed your operation for stricture of urethra on 13 occasions, without a fatal result.

Yours truly,

T. MOORHEAD,

Staff Surgeon.

B. Holt, Esq.
14, Saville Row.

[No. 10.] 102, *Piccadilly, April* 1, 1865.

My dear Mr. Holt,—

I am sorry I cannot tell you precisely the number of times I have used your Dilator; perhaps four times, and certainly with no fatal result.

CHARLES H. MOORE.

[No. 11.] 51, *Upper Seymour Street, Portman Square, W., April* 1*st*, 1865.

My dear Sir,—

I cannot tell you the number of times I have used forced dilatation of the urethra, but I have done it very many times, latterly by rapid use of the large Dilator. I have never had a fatal case. Once, in a gentleman in whom I used it, there followed a perincal abscess, but there had been a disposition to this even after ordinary catheterism; otherwise, the worst I have seen has been in some cases the usual constitutional disturbance which often attends catheterism.

Faithfully yours,

B. Holt, Esq. CAMPBELL DE MORGAN.

[No. 12.] *Old Burlington Street, April* 3*rd*, 1865.

My dear Mr. Holt,—

I regret that I cannot give you the actual number of times I have used your instrument. I treated several

cases with it at King's College, and have continued to use it at the Middlesex Hospital, and have never had extravasation or fatal result.

Yours sincerely,

J. W. HULKE.

(Note).—Mr. Hulke afterwards assured me he had used it more than thirty times.—[B. H.]

[No. 13.] 22A, *Cavendish Square, W.*,
6th April, 1865.

Dear Sir,—

I have practised, and in many cases witnessed, your operation of splitting stricture of the urethera. I have no personal knowledge of bad results from it. On the contrary, I am impressed much in its favour.

Yours truly,

ALEX. SHAW.

Barnard Holt, Esq.

[No. 14.] 39, *Grosvenor Street, Grosvenor Square, W.*,
April 7, 1865.

My dear Holt,—

Four patients have been treated at the London Hospital with your instrument. One by Mr. Adams, and three by myself. Three were quite successful, but

one proved fatal. It occurred to me, and I enclose you the particulars.

Yours most truly,
T. W. CURLING.

CHRONIC STRICTURE OF THE URETHRA, TREATED BY HOLT'S DILATOR, WITH A FATAL RESULT, FROM ACUTE CYSTITIS.

Reported by MR. REES LLEWELLYN.

A. A., a sailor in H.M.N., 70 years of age, was admitted into the London Hospital, March 8, 1864, under the care of Mr. Curling. The patient stated, that, when a young man, he had several attacks of gonorrhœa, and suffered severely. In the year 1823, he had retention of urine. He was at sea, and the surgeon of the ship attempted to pass a catheter, but failed. He was, therefore, sent to Haslar Hospital, where one was passed after great difficulty and many trials, and the catheter was retained in the bladder for three days. He left the hospital in a short time apparently cured, and remained so four years. In 1827 he again suffered from retention, and was admitied into St. Thomas' Hospital, where he underwent treatment with iustruments, and was discharged cured. In 1831 he had retention again. Since then he had learnt to pass an instrument for himself, and had continued to do so about once a week until his admission into the London Hospital.

He complained of being unable to retain his urine longer than two hours, and after voiding it, of a small quantity dribbling away for some time afterwards. On the 11th he was seen by Mr. Curling, who detected several strictures, and with some difficulty passed a No. 4 sound into the bladder. The chief strictures were about 3 inches from the orifice, and in the membranous part.

March 15th, Mr. Curling introduced Holt's instrument, and dilated the strictures, and in using it experienced great resistance, especially from the anterior stricture. Directly after the operation the patient was ordered thirty minims of laudanum in warm brandy and water. About an hour afterwards Mr. C. attempted to pass a No. 8 catheter, but finding difficulties, tried a No. 6. The resistance encountered about three inches from the orifice was so considerable that he did not persist. A warm bath was ordered to be taken in the evening.

16th. The patient complained of great pain in the perineum; was very sick, and had a rigor. Ordered effervescing ammonia mixture three times a day, and warm fomentation to the perineum.

17th. He was very feverish, and had no appetite. Had a constant desire to pass water. The urine does not contain blood.

18th. Burning pain in perineum, very severe. There is tenderness on pressure, but no swelling; constant dribbling of urine. Patient low and feverish. Ordered mixture of rum daily, and poultice to the perineum.

The symptoms became worse. On the 21st the sense of uneasiness in the bladder was so great that the patient was clamorous to have an instrument passed. The house surgeon attempted to do so, but could not succeed in passing the obstruction a few inches from the orifice. Ordered full dose of laudanum. On the 22nd Mr. Curling also made an attempt, and encountered great resistance. As the bladder was evidently not distended he did not persist, but ordered laudanum injection. The patient's tongue was dry and brown, his pulse quick and feeble. In the evening he was in so much pain that a full dose of morphia was given, after which, he became much easier. Next morning (23rd) he was found in a semi-comatose condition, and in a sinking state, and he died at 11.30. a.m.

P.M. The kidneys were small, and the mucous membrane of the penis was spotted with dark blood stains. The ureters were dilated. The bladder was thickened, and contained about four ounces of dark-coloured urine. Its mucous membrane appeared nearly black from diffused submucous extravasation. At 2¾ inches from the orifice, the urethra was contracted for about half-an-inch, and the mucous membrane, at this part, was of a red colour, but unbroken. From this part the urethra was healthy as far as the membranous portion, where the mucous membrane was entirely stripped off by ulceration, extending to the neck of the bladder, and exposing the muscular fibres. There were several short false passages, but the edges were smooth, and they were clearly of old standing.

[No. 15.] *Plymouth, April 8th*, 1865.

My dear Mr. Holt,—

I have only once operated for stricture of the urethera, according to your plan, the result was very good.

Yours very faithfully,

Wm. Jos. SQUARE.

[No. 16.] 59, *Hamilton Square, Birkenhead, April 10th*, 1865.

My dear Sir,—

In reply to your letter I beg to say that *six* cases of stricture of the urethra have been treated by your

Dilator, in the Birkenhead Hospital, by my colleagues and myself, and with very satisfactory results in each instance. In none has the operation been followed by any bad symptoms.

Yours ever,

E. L. JACOB.

Barnard Holt, Esq.

[No. 17.] *Aylesbury, April* 11, 1865.

Dear Sir,—

I have adopted your method of operating for stricture in two instances only, with the best results. I believe, I am the only surgeon at our Infirmary who has used your Dilator.

Believe me, dear Sir,

Faithfully yours,

J. N. CEELY.

[No. 18.] 35, *Beaumont Street, Oxford,*
April 14*th*, 1865.

My dear Sir,—

I am sorry that I have not any notes of the cases in which I have used your instrument.

I have, I am sure, used it 26 or 27 times, with great success.

I have not had a single case in which I have observed any unpleasant symptoms that are not common to the use of any other instrument for the cure of stricture.

I consider it a great help in the treatment of stricture

Believe me, yours very faithfully,

FREDERICK SYMONDS.

B. Holt, Esq.

[No. 19.] *Esplanade, Bishopwearmouth, 14 April, 1865.*

DEAR SIR,

WE HAVE performed your operation, for stricture of the urethra, in fourteen cases, and with perfect success in all In one case only was their rigors, which soon yielded to an extra dose of quinine and opium.

Yours truly,

E. H. MALING.

Barnard Holt, Esq.

[No. 20.] *Carlisle, 14 April, 1865.*

MY DEAR SIR,—

I HAVE not had any private case of your operation for stricture, but in our Infirmary there have been four cases, all of which have done perfectly well.

I am sorry not to have sent an earlier reply to your note.

Yours truly,

WM. B. PAGE.

Barnard Holt, Esq.

[No. 21.] *Derby, April* 16th, 1865.

My Dear Sir,—

I have only used your urethra dilator twice, as I was trying Wakely's before your suggestions were known to me. My patients derived much benefit from their use. I never heard of any fatal result arising from its application.

I am, dear Sir,
Yours faithfully,
HENRY F. GISBORNE,
Consulting Surgeon to the County Infirmary,
and Surgeon to the County Gaol.

B. Holt, Esq.

[No. 22.] *Hull*, 14, *Albion Street*,
April 19*th*, 1865.

Dear Sir,—

I have not as yet had much personal experience of your operation for stricture. I have only yet adopted your plan once, and it so happens the patient is at present under treatment in the Hull Infirmary. I, yesterday, passed No. 11 catheter with very little difficulty. The man presented himself at our Infimary about six weeks or two months ago. I could, with difficulty, pass No. 3 catheter. Impressed very favourably with your method, I had obtained your case of instruments. I considered this case a very favourable one. Without much difficulty I introduced the instrument,

and passed one tube after the other. Without difficulty, I immediately passed No. 10 catheter. No bad symptoms have supervened; the man is very pleased with the improvement. I pass now No. 11 twice a week, and he makes a large stream, such a one as, he says, he has not made for many a day. I have no doubt your plan will be very generally adopted, and I mean to persevere in the treatment of strictures by your method.

Always, believe me,

Yours very truly,

ROBT. M. CRAVEN.

B. Holt, Esq.

[No. 23.] *Cheltenham, April 20th*, 1865.

Dear Sir,—

I have performed your operation once in the Hospital on a most unfavourable case, as the man's health was broken down by repeated abscesses, having invariably been admitted for extravasation, false passages, &c. The immediate result was most satisfactory; but the man died some weeks afterwards from exhaustion; the operation having (in my opinion), nothing to do with the result. We seldom see cases here until they have been treated elsewhere; my colleagues have not performed the operation.

I consider you have done good service to Surgery by introducing your operation into practice.

I remain, yours truly,

C. HAWKINS.

B. Holt, Esq.

[No. 24] 71, *Micklegate, York, April* 20th, 1865.

Dear Sir,—

In answer to your note of the 17th inst., I find that your operation for stricture has not been performed more than three times at the York Hospital, and in each case with success, and without any unpleasant symptoms. I may say that I am so much satisfied with the operation, that I shall not hesitate to perform it whenever I meet with suitable cases.

Believe me, yours very truly,
HENRY KEYWORTH.

B. Holt, Esq.

[No. 25] *North Staffordshire Infirmary, April 20th*, 1865.

Dear Sir,—

Mr. Garner has desired me to reply to your letter, asking for any information respecting stricture of the urethra, treated according to your own plan.

Mr. Garner had one case in which the house surgeon (not myself) used your Dilator. The man had old-standing cartilaginous stricture, and many attempts had been made to pass a catheter without success. The Dilator was passed, and afterwards a No. 8 catheter with ease, and the patient was relieved from the retention. He rapidly sank, however, and died on the second day afterwards.

The man was 40 years of age, and apparently in good

health, with the exception of the stricture and an urinary fistula. Considerable force was used in passing the instrument, as the house surgeon was directed to "force a passage." No p.m. was made.

Mr. Folker used the Dilator (in private practice) in a case of a man who had a small (*i.e.* narrow) stricture, almost at the extremity of the penis, and it answered admirably. These are the only cases in which it has been used by our surgeons; though the late house surgeon tells me he used it instead of a catheter sometimes, to dilate *gradually*; but this I imagine would act only as the ordinary catheter does.

If I hear of any cases among my friends, I shall have much pleasure in making them known to you.

I am, dear Sir,

Yours faithfully,

W. DUNNETT SPANTON.

Barnard Holt, Esq.

[No. 26.] *Dorchester, April 21st*, 1865.

Dear Sir,—

I have never performed your operation for stricture of the urethra, nor do I know any one in this neighbourhood who has; the only case I have known was one in which you operated yourself, which did very well, and the patient has since passed a calculus as big as a large pea.

Believe me, dear Sir,

Faithfully yours,

G. CURME.

Barnard Holt, Esq.

[No. 27.] *Huddersfield, April* 21*st*, 1865.

My dear Sir,—

I have delayed replying to your note until I had an opportunity of seeing my colleagues. I find that none of them have used your instrument. Mr. Brewer, house-surgeon to our Infirmary, used it in a case which proved fatal shortly afterwards; but upon examination it was found that the man had laboured under most extensive chronic ulceration of the bladder, which, no doubt, was the cause of death, the urethra being found only slightly inflamed at the seat of stricture. In private practice, I have used it in three cases with marked success, and without the slightest bad symptoms. Two cases appear to be perfectly cured, and the patients express themselves delighted with the ease and comfort they have received. The third case, I may say, has been operated on three or four times, for he is a young man of intemperate habits, and when apparently cured, he again relapses into his former excesses, and the mischief has been reproduced; but even in his case there have not been any bad symptoms from the use of the instrument.

In haste, yours truly,
WM. J. CLARKE.

Barnard Holt, Esq.

[No. 28.] 1, *Prince's Road, Liverpool,*
April 21, 1865

Dear Sir,—

I send you the record of three cases of stricture of the urethra, operated upon at the hospital, in which your

instrument was used. They all did well. As far as I can ascertain we have had no fatal case.

I am, dear Sir,

Yours very truly,

ROBERT HAMILTON.

Barnard Holt, Esq.,
14, Saville Row, London.

SOUTHERN HOSPITAL, LIVERPOOL.

Operated upon by Mr. F. G. Wollaston, Senior House Surgeon.

A. Mandivel, aged 38, dilated October 30th, 1863, by T. G. Wollaston. A No. 12 catheter was passed immediately after, and repassed every second day for some time.

J. Ashworth, aged 52, dilated April 30th, 1853, by T. G. Wollaston, and followed by the same treatment as the preceding case.

This man was seen lately, and a No. 9 catheter passed easily.

Operated upon by Mr. Evans, Junior House Surgeon.

February 16th, 1865: Robert Ledbetter, aged 40 came to the Hospital with retention of urine from stricture. After some difficulty, a No. 2 catheter was passed, and left in in the urethra for a little time. Till the—

20th, a catheter was passed daily. Holt's instrument was now introduced, and the urethra dilated sufficiently to admit a No. 10 catheter. For the next fortnight or three weeks, a catheter was passed every second or third

day. When last seen, a No. 12 could be readily introduced.

No constitutional disturbance of any consequence followed the dilatation.

J. H. EVANS.

Southern Hospital, April 19th, 1865.

[No. 29.] *Worcester, April 18th*, 1865.

My dear Holt,—

I have only this evening read your letter, commenting on Mr. Smith's case, and according to your desire therein expressed, I have great pleasure in stating that I have adopted your mode of splitting the stricture in two cases, in neither of which did a fatal result follow.

My intention is never to have recourse to any other operation unless there is extravasation of urine, so satisfied am I of its superiority to any other hitherto produced.

Yours very faithfully,

THOMAS WALSH.

[No. 30.] 22, *Park Place, Leeds, April* 23, 1865.

My dear Sir,—

My own experience of splitting up the urethra with your instrument is not so large as some surgeons. I have done it some four times, with the most excellent result. In two of the worst cases of stricture which we saw, the cure has so far been perfect; in these I am convinced, however long continued, dilatation would have

been useless, if indeed practicable. In one very tight stricture I found a small strip of the mucous membrane had got into the fissure between the blades of the stillet, and was torn away; this man had repeated shiverings, and was ill for 9 days, but he recovered without any dangerous symptoms, and is now well; and though at first the stricture did not appear to be improved, he now passes water well. I may mention that he is a person very much disposed to attacks of rigor during the night on any slight indisposition, and though a strong, powerful man, has only one testicle. I have only used the instrument in strictures of the worst character, but I am so favourably impressed with the result of these cases where I have used it, that I regard the operation as a most valuable one in precisely those cases which heretofore have been almost, if not altogether, beyond permanent cure. I have enquired of our house surgeons as to the number of cases altogether treated in our Infirmary—it appears to be some ten or twelve. Part of the cases occured soon after you introduced the operation, and though no unfavourable consequences followed the operation, the results, from some cause or other, were not so satisfactory as to induce many repetitions of the operation; lately, however, I am told that not only my own case but those of my colleagues have been successful. I certainly shall continue to adopt the plan, both in private and hospital practice, in all cases which do not readily yield to simple dilatation.

I am, my dear Sir,

Faithfully yours,

Barnard Holt, Esq. THOMAS NUNNELEY.

[No. 31.] *Caroline Street, Bedford Square, London, W.C.,*
24 *April*, 1865.

My dear Holt,—

I am sorry my colleagues have been so remiss in sending you an account of their cases. I have, however, mentioned your request to our Surgical Registrar, who will, I trust, furnish you with the necessary details.

My own operations have been *six*—five successful and *one* death.

Yours faithfully,
HENRY SMITH.

[No. 32.] *Taunton, April* 25, 1865.

Dear Sir,—

I enclose, with much regret in not having replied to your letter before, the notes of three cases of stricture treated by your operation, in the Taunton and Somerset Hospital.

Believe me, yours truly,
WM. LIDDON.

B. Holt, Esq.

Under Mr. Cornish's care.

J. W. Batten, aged 20, admitted March, 1864. Stricture for two years, the result of gonorrhœa; stricture situate near prostatic portion of urethra; will not admit No. 1. Passed the guide with difficulty; and dilated to No. 8. Passed No. 8 at once; operation caused little or no pain. Next day, dilated to No. 10; no fever; no bad symptoms; left after a month's stay; on leaving, he could pass urine in a full stream without any difficulty. Have not seen him since.

Case 2.—W. Luscombe, aged 46, March, 1864. Stricture for three years, result of gonorrhœa; stricture situate in membranous portion of urethra; will not admit any catheter. After he had been in hospital three weeks the guide was passed through stricture, which was dilated to No.12. Operation caused some pain. No 12, passed next day; no bad symptoms. Discharged after six weeks' stay. Attends occasionally as an O. P. No. 8 passes with ease.

Under Mr. Alford's care.

Case 3.—J. Horsey, aged 30. Symptoms for three years; stricture at orifice, result of healed chancre, which admits No. 2. No. 1 passes with difficulty as far as membranous portion. Whole canal much narrowed. Dilated as far as above-name site to No. 9. No pain; no bad symptoms. Four months after his admission passed guide into bladder, and dilated to No. 10. No bad symptoms. Discharged soon after "cured." Not since seen.

The above notes were taken by Mr. Gilson, House Surgeon.

[No. 33.]

Park Road, Leeds,
April 25, 1865.

My dear Sir,—

In reply to your note to my father, of April 13, I beg to say that I have made enquiries of my colleagues on the subject of your operation for stricture of the urethra.

Mr. Nunneley tells me that he has heard from you, and that he will report his experience in the matter.

Mr. S. Hey has not yet given the plan a trial.

Mr. Wheelhouse has used your instrument in several cases, and will report them to you.

My own experience is limited to three cases, which are as follows:—

Case 1:—Francis Skutt, aged 31; was admitted into the Leeds General Infirmary, April 14, 1864.

April 20: A sound was passed through 3 strictures, and arrested by a 4th.

May 3: A catgut bougie was passed into, but not through, the 4th stricture.

May 11: Catgut bougie passed into the bladder.

May 18: No 7 bulbed sound was passed into the bladder.

May 23: Nos. 8 and 9 bulbed sound passed into the bladder.

May 30: An instrument could not be passed into the bladder.

June 3: Ditto.

June 9: Strictures split by Holt's Dilator.

June 13: Nos. 8 and 10 catheter passed.

June 23: Discharged. Cured.

April 25. 1865: As he has not returned to the Hospital, it may be supposed that he continues free from serious stricture.

Case II.—1864. July. Mr. R. underwent perineal section, for old impassable stricture.

1865. Mr. R. calls on me every 3 or 4 weeks in order that a bougie may be passed.

Being unable sometimes to introduce a full-sized bougie, I pass Holt's Dilator, split the contracted part, and then pass No. 10 bougie. This I have done several times, at my own house, and he has a few hours after

returned home by railway. He has never suffered any inconvenience from this treatment.

Case III.—Henry Hargraves, having several times had gonorrhœa, had suffered from stricture for nearly five years.

January 28: No. 3 bulbed sound was passed into the bladder, through two strictures.

February 22: Stricture split by Holt's Dilator. No. 10 catheler passed.

February 24: No. 10 Catheter.

February 27: No. 10.

March 3: No. 9.

March 9: No. 9.

March 22: No. 9.

April 22: Passed No. 9 bougie himself. Makes water in a good stream.

This patient was treated in my own house, walking home after the operations. He never suffered from any inconvenience whatever.

Although these cases are not altogether according to rule, they show, at any rate, with what impunity the splitting instrument may be used, and they satisfy me as to the correctness of the principles laid down by yourself. I firmly believe that your operation is one of the greatest improvements in modern surgery.

Believe me, my dear Sir,

Yours truly,

T. PRIDGIN TEALE, Jun.

Barnard Holt, Esq.

[No 34.] *Chichester, 26th April*, 1865.

My dear Sir,—

I have only *once* had occasion to employ your treatment. I approve much of your method of treatment, and shall not fail to follow it when an opportunity offers.

Believe me, dear Sir,

Faithfully yours,

ROBERT ELLIOTT.

B. Holt, Esq.

[No. 35.] *Truro, April* 28, 1865.

Dear Sir,—

I am sorry there has been such delay in my answering your note. I have not yet performed your operation for stricture. One of my colleagues, Mr. S. Mitchell, has performed it once at the Infirmary, with the best result. I have not heard of any fatal result in this neighbourhood.

Believe me to remain, dear Sir,

Yours faithfully

HENRY ANDREW.

Barnard Holt, Esq.

[No. 36.] *King's College Hospital, April* 28, 1865.

My dear Sir,—

Mr. Henry Smith asked me to let you know the numbers of cases of stricture, treated by your method,

that we have had in King's College Hospital. Before March 1st, 1863, there was no surgical registrar, so I can only give you the results from that time, and they are as follows :

We have had in all, from March 1st, 1863, to the present time, twenty cases, of which two were fatal.

I am Sir, yours truly,

EDWARD BELLAMY,
Surgical Registrar.

[No. 37.] 40, *Pelham Street, Nottingham,*
May 3rd, 1865.

DEAR SIR,—

My father has handed to me your note concerning the operation for stricture.

Some time since I obtained one of your instruments for our hospital, but have only had one opportunity of using it, and in that case there was not the slightest unfavourable symptom.

Dear Sir, faithfully yours,

THOMAS WRIGHT.

B. Holt, Esq.

[No. 38.] 5, *Grosvenor Street, W., May 4th*, 1865.

MY DEAR HOLT,—

I have got our house surgeon to take the enclosed otes of two cases, which have just left the hospital,

cured by your operation for stricture; they have both been very successful.

Yours very truly,
ARMSTRONG TODD.

[No. 39. 16, *Colmore Row, Birmingham, May* 4, 1865.

Dear Sir,—

Mr. Parker has handed me your letter relating to the death, after your operation, at the Queen's Hospital.

The case occurred under my care. The patient came in with "overflow" of urine, and completely broken general health. Those surgeons (a large class) who are so tender about their statistics, that they will not give even a chance to the most afflicted objects who ask for surgical relief, would have done nothing in such a case. Notwithstanding that there were all the indications of renal mischief, and that possibly even the use of a bougie might be fatal, I decided to give him the only chance which remained, namely, a freer outlet to the urine, and I ruptured the urethra according to your method. He never rallied from the shock of the operation, ond died in about twenty-four hours.

P. M. Old suppurating cavities and sinuses surrounded every part of the membranous and prostatic portion of the urethra; these communicated with the mucous canal by numerous openings of various size. There was no evidence of suppuration on the perineal surface. The kidneys were completely disorganized.

I have had six cases besides, all of which have done

remarkably well. In most of them there were severe strictures in front, as well as behind the scrotum. I consider your treatment to be safe, where any operation is safe, and to be the shortest which has yet been devised.

Perhaps I am peculiar in adopting the operation in even slight cases, because of its enormous saving of time, and, in such cases at least, its absolute safety.

I remain, dear Sir, yours very truly,

FURNEAUX JORDAN.

B. Holt, Esq.

[No. 40.] *Collingham, Newark, May 9th*, 1865.

Sir,—

As your operation, for immediate treatment of stricture of the urethra, is now under discussion, I take the liberty of sending a case which has occurred in my own practice.

Henry Norbury, of North Scarle, consulted me in October, 1863, for gonorrhœa. As the discharge continued longer than usual, I attempted to pass a bougie, but failed, on account of stricture. The smallest instrument in my case was tried, but without success. He consulted me again in November, 1864; he was then, and had been during the whole year, suffering from difficulty in passing his urine. I attempted to pass a catheter, but without success. I wrote for your instrument, and Mr. Wakley's. As soon as I received them I went to his house, and found him with complete retention. The bladder was distended to the umbilicus, and it was evident he could not live long unless he had relief. As

the parts were swollen from attempts to pass the catheter, and the symptoms were urgent, I cut down and passed a female catheter through the membranous portion of the urethra.

About a week after the operation I attempted to pass Mr. Wakley's small instrument; I passed it through two small strictures, one an inch from the glans, and the other about three inches, but after that I came to a firm hard stricture, in the region of the bulb. The instrument would not pass. I then introduced your instrument, and, with comparative ease, passed it into the bladder. In a short time a full-sized bougie passed with ease; and up to this time he remains perfectly well. I saw him on the 7th of this month, and he told me that he passed his water as well as ever he did in his life. Although the man had for a whole year been in much suffering, had frequently resorted to stimulants to lull his pain, and was in wretched health, not a single bad symptom came on. I am so satisfied of the value of your instrument, that I shall always resort to it in similar cases.

Every innovation on established practice, is jealously watched. I am happy to contribute my case, and if the Surgeons throughout the country, who have tried the instrument, would send their cases, we might be in a position to draw just conclusions with regard to the merits of this system of treatment.

My patient had gone through repeated attacks of gonorrhœa, and never been properly treated. The whole canal was contracted, and when the strictured

parts had been perforated, the instrument had to force its way through the remainder of the canal: in fact it struck me that the whole canal was in a state of stricture, only aggravated in three distinct places.

I remain, Sir, yours faithfully,

JOHN BROADBENT.

Barnard Holt, Esq.

The two following cases have been kindly forwarded to me by J. Fayrer, M.D., F.R.C.S., Professor of Surgery, Medical College, Calcutta, and First Surgeon of the Medical College Hospital, Surgeon Bengal Army :—

Case I.—J. C., aged 27, an Englishman, admitted into the Medical College Hospital, at Calcutta, Sept. 2nd, 1864. Contracted gonorrhœa two years ago, followed by a gleet, which continued without intermission up to seven months prior to admission. He then began to notice symptoms of stricture, the stream of urine becoming gradually smaller. On admission, he was in great distress and passed his water only in drops, and with great straining. Instruments up to Nos. 6 and 8—beginning with the smallest—were introduced. Sometimes the irritability was so great that no instrument would pass, and the passage of the larger sizes was always attended by great hemorrhage, and that broken-down condition so peculiar to the constitutional disturbance following the passage of instruments in some men. He did not have fever, but great pain in the loins, wrists and elbows (acute rheumatism ?), and swellings of the fingers. The dilatation of the stricture proceeded very slowly, and its perineal section was proposed. On the 30th of September, however, I determined to try the effect of Holt's dilator. A full sized instrument was passed into the bladder. It gave little pain, caused no bleeding, and was followed by no greater amount of fever than had resulted from the use of other instruments. The stricture remained dilated, and readily admitted the daily passage

of a No. 10 bougie, which caused no disturbance, and the stream of urine was good.

On the 6th of October he was doing well—had no fever and less pain, and passed urine in a full stream, No. 10 entered the bladder easily. So far the case was satisfactory; the stricture, which had been very intractable had yielded, and no constitutional mischief had followed its dilatation and rupture.

On the 13th, there was a slight return of contraction, but Nos. 6, 8, 9 were passed. He had rheumatic pains and swellings in the hands, fingers, and feet, for which he was ordered nitrate of potash and nitric æther.

On the 17th, No. 10 was passed with ease, and the rheumatic pains and swellings had diminished.

On the 28th, he was still suffering from rheumatism, but the stricture was cured.

From the 1st to the 14th of November, the pains gradually diminished, there was no return of contraction; and on the latter date, a full sized instrument passing with ease, he was discharged, cured.

Case II.—J. M., aged 49, a sailor, admitted 25th of October, 1864, with stricture in front of both the bulb and the scrotum. He had, also, constitutional syphilis in the form of cutaneous eruptions, and a gleety discharge from the uretha, for which he was treated with iodine of potassium, vapour baths, and injections of acetate of lead. He remained in hospital up to 15th of January, 1865; repeated attempts being made to treat the stricture by

ordinary dilation, but always with the effect of causing rigors and fever; so that little progress was made, although his general health improved and the eruptions disappeared.

On the 15th of January Holt's, dilator, of the second size, was passed at 8.30 a.m., and at 11 a.m. he had rigors followed by fever. On the next day, he had fever still, but no perineal pain, and his urine passed freely. On the 17th, a No. 7 catheter was easily introduced—No. 3 having been with difficulty passed before the splitting of the stricture. During the next few days he had pain in the back, and appeared much depressed and weakened; and on the 23rd symptoms of mischief appeared in the eye. The globe inflamed and supperated, and exit was given to the matter by an incision into the anterior chamber. The eye than gradually shrank and cicatrized. In April, he was discharged, much improved in general health. No further attempt was made to pass instruments, but as he passed his urine freely it would appear that the urethra remained patulous.

It is worthy of notice that neither after catheterism, nor the operation with the dilator, was there any local pain. Holt's operation was attended by little pain, and scarcely any bleeding.

J. FAYRER, M.D.

[No. 41.] *Coldstream Guards' Hospital, Vincent Square, S.W., June 24th*, 1865.

My dear Sir,—

I have great pleasure in announcing to you that I consider the method of treatment, for the immediate cure of stricture of the urethra, to be one of the most successful achievements of modern surgery; and I say "cure" advisedly, because I believe that, with very slight subsequent supervision, a complete cure of that intractable affection does really result. As a military surgeon, I can say with truth, that by your plan of treatment I have been able to preserve the services of several men, who must otherwise have been a burthen on the country by being invalided. In this Regiment of Guards I have performed the operation on five different occasions, and twice elsewhere; three of the soldiers operated on were most intractable cases; one was about the worst case I ever saw, complicated with false passage, and then several very tight strictures, one situated at the membranous, and two in the spongy part of the urethra; the introduction of a very fine catgut bougie was insinuated with great difficulty, and retained; next day, rather a larger size was introduced; and then I succeeded in introducing, after a prolonged effort, your dilator, through the strictures, which were immediately split up, and, in a few days, the man was dismissed from the hospital, never having had the slightest bad symptom.

Another case was complicated with an enlarged prostate, the stricture being at the membranous portion of the urethra; considerable hemorrhage ensued, and there

was some retention afterwards, but the "cure" was complete, and has remained so—after two years.

It would be needless to record particulars of the other cases, suffice it to say, that the "cure" has been complete.

As regards the after treatment, I am in the habit of ordering a warm bath, with an opium suppository, and the next morning a good cathartic dose, to relieve the pelvic viscera. I am always desirous to produce some suppuration in the divided portion of the adventitious structure forming the stricture, and this I effect by passing a *full-sized* catheter every day for a week afterwards, for I conceive that the liability to a return of the stricture, which some surgeons talk about, is much counteracted by preventing, as far as possible, any chance of union by the first intention of the ruptured part; and any slight spasmodic irritation, which may ensue from the early introduction of an instrument, has always, in my hands, yielded to the warm bath afterwards.

I have taken the liberty to suggest to the Director-General of the Army Medical Department, that a set of your instruments, should form a part of the surgical case supplied to every regiment of her Majesty's service; and I cannot furnish you a better estimate of my humble opinion of the invention, with which your name is associated.

I remain, my dear Sir,
Yours truly,
JOHN WYATT.
Surgeon-Major.

B. Holt, Esq.

[No. 42.]

Sherborne Lodge, Cheltenham,
December 27th, 1864.

My dear Sir,—

I have just received a letter from my brother, Dr. Philson, Surgeon to the Provincial Hospital, Auckland, New Zealand, in which he relates the history of 3 cases of old intractable stricture of the urethra, which he had treated with your instruments, and according to your directions; the result in each case being a complete cure. Chloroform was not administered in any of the cases. In one, the rigors were prolonged and very severe after each introduction of the catheter, but, micturation was perfect, and free from pain. My brother adds, "If you should happen to know Mr. Holt, you might tell him that his fame has reached this remotest isle of the sea." Although I have not the pleasure of your acquaintance, I deem it a duty to give you this short account of the success of your invention, and of its first introduction into Antipodean surgery.

I remain, dear Sir,

Faithfully yours,

Barnard Holt, Esq.

W. PHILSON.

NUMBER OF CASES OPERATED UPON, AND THE RESULTS.

HERE, then, is the record of 742 cases of Stricture, irrespective of those operated upon by Mr. Campbell de Morgan, Mr. Shaw, Mr. Birkett, &c., in which the immediate treatment has been employed by surgeons of the highest celebrity, and with almost uniform success; certainly death has not occurred in a single instance, where the patient was not otherwise so seriously diseased as to render the most careful passage of an ordinary catheter full of peril.

1st. With regard to the case recorded by Mr. Macnamara, of Dublin. The patient was advanced in years, his stricture of 41 years' duration, and an accident happened to the dilator by which the operation was not satisfactorily completed; the result of this *contretemps* was, swelled testicle of one side, and a return of the stricture. The patient, however, resumed his professional duties, but, of course, his stricture was not cured; and, *six months afterwards*, the irritation caused by keeping a catheter in the urethra, resulted in a recur-

rence of the swelled testicle, which extended to that of the opposite side, and he subsequently died. I am utterly at a loss to conceive how this gentleman's death can be, in any manner, attributed to the immediate method of treatment.

The next case is that related by Mr. Curling; and here, cause and effect followed one another so closely that, it must be admitted, the operation accelerated the man's death. The patient was, however, in a most unfavourable condition for any operation; 70 years of age, with several strictures, several false passages, dilated ureters, and a thickened bladder with a mucous membrane, as shown at the *post-mortem*, nearly black from diffuse sub-mucous extravasation, and the mucous membrane of the urethra stripped off by ulceration from the membraneous portion to the neck of the bladder.

It is, however, remarkable that that portion of the urethra that corresponded to the worst stricture, viz., 3 inches from the orifice, and which *a priori* we should infer, was subjected to the greatest violence, *was of a red colour, but unbroken.* I am quite sure there must have been some extraordinary difficulty in this case, or Mr. Curling would have followed the directions I especially enforce, and have passed a catheter *directly* after the operation, and have thus ascertained that the urethra was free. I do not know what sized tube was used, but

the *post-mortem* showed that the stricture was not split, which might explain the clamourous desire of the patient for relief from what, at one time, I should imagine, was an over-distended bladder. It is unfortunate no catheter could be afterwards passed, inasmuch as the same results have been (*post-mortem*), frequently revealed in cases of severe retention of urine where no operation has been performed.

The third case is that recorded by Mr. Hawkins, of Cheltenham, where, as that gentleman states, "the operation having (in my opinion) nothing to do with the result," we may dismiss it as not, in any manner, affecting the question at issue.

The next was operated upon by a former house-surgeon, to the North Staffordshire Infirmary, and as it is so utterly contrary to every rule I have insisted upon, and quite foreign to the practice I adopt, I merely allude to it in the hope that in future no one will attempt to force a passage, and afterwards enlarge it without having positive evidence that the dilator had not deviated from the urethra; unfortunately there was no *post-mortem* examination.

Mr. Clarke, in letter marked 27, says: "Mr. Brewer, house-surgeon to our infirmary, used it in a case which proved fatal shortly afterwards; but upon examination, it was found that the man had laboured under most ex-

tensive chronic-ulceration of the bladder, which, no doubt, was the cause of death, the urethra being found *only slightly inflamed at the seat of stricture.*" I regret there are no further particulars of this case that would enable me to determine how much the patient's death was due to the operation.

The next case is that recorded by Mr. W. H. Smith, and as the science of Surgery is not advanced by personal controversy, I refrain from making any further observations on Mr. Smith's case, than those that have already appeared in the pages of *The Lancet;* I do, however, regret Mr. Smith should have prefaced his case with a sensational heading, and concluded it with remarks which the history did not warrant.

Two other deaths have occurred in the King's College Hospital, but I am unacquainted with the circumstances connected with them.

The last is a case selected by Mr. Jordan; a reference to Mr. Jordan's letter adds another link to the evidence that fatal terminations must always be looked for after operations performed upon persons whose "kidneys are completely disorganized."

Thus, out of 742 cases, we have 11 deaths; and in not one of these cases is it satisfactorily shown that death was *caused* by the extreme measures that *are*

supposed to be exercised by the adoption of the immediate method.

The first died six months after the operation, from abscess of the testes, the result of retaining a catheter.

The second, from inflamation of the bladder, and ulceration of the urethra at a part where there was no stricture.

The third, admitted the operation had nothing to do with the death.

The fourth, where a passage *was forced with the dilator, because no catheter could be passed.*

In the fifth, the patient had extensive ulceration of the bladder, and the urethra was "found only slightly inflamed at the seat of stricture."

The sixth, Mr. Smith's case.

The two succeeding, from King's College. *No particulars.*

The ninth, Mr. Jordan's case, where he says, "notwithstanding there were all the indications of renal. mischief, and that possibly even the passage of a bougie might be fatal, I decided to give him the only chance *Kidneys entirely disorganised.*"

And lastly, two of my own cases, one death some time afterwards, from long existing disease; the second a week afterwards, from what I was informed, was serous apoplexy. Both already published.

But, supposing, for the sake *of argument, and that only*, that all these deaths are admitted as being attributable to the operation, can any other operation, undertaken for so serious a disease, show such favourable returns?

It is certainly remarkable that in no single instance has there been infiltration of urine, and that in all the cases where *post-mortems* have been carefully conducted, the urethra at the seat of stricture was found only slightly inflamed.

This is at variance with what was met with in the case recorded in my book on the immediate treatment; as, in that instance, the stricture was split, and if surgeons would pass the tube down rapidly I believe the stricture would be always split, and no after difficulty ensue in introducing the catheter.

The directions that I would further give, with regard to the immediate plan, are as follows:—

Be certain that the dilator has not deviated from the normal channel, and if any doubt exists examine by the rectum, and ascertain whether the instrument has passed fairly through the neck of the bladder; if there is still doubt, do not operate without the handle is perfectly straight and flat, with regard to the mesian line, and that the urine escapes through the perforated stillet. When satisfied that the instrument is fairly introduced, push the chosen tube upon the perforated wire *quickly*, to the

end, and then remove the dilator by partly withdrawing the tube; thus you prevent the mucous membrane being pinched between the blades of the instrument. A catheter one size less than the tube should now be passed, to remove the urine, and which should, for the first three or four times, be evacuated by a catheter. By adopting this plan of after treatment, I have succeeded in preventing rigors by not allowing the urine to come in contact with the recent wound until it has become coated with lymph.

During the last two years I have had opportunities of examining some of the cases recorded in my first and second edition, as well as some hospital cases, which have been operated upon eight and nine years since. Where the after treatment has been faithfully carried out, the same sized instrument has been always maintained. Where the cases have been entirely neglected, the stricture has, to a certain extent, recurred; but in even these the urethra allowed itself, by the gradual enlargement of the dilator, to be at once increased to the full size; and if the patient is then careful he may afterwards remain well. Cases 3, 5, 7, and 8 in the first edition, and 10, 13, 15, 16, 17, 20, and 23, in the second edition, I have seen or heard from lately, remain perfectly well, and only require the occasional passage of the same sized

instrument that was used at the time of the operation.

I have no hesitation in declaring, after now a very large experience, extending over a period of ten years, that this is the general result.