

A letter addressed to James Syme, esq., Professor of Clinical Surgery, Edinburgh, in refutation of certain statements made both by him and others, his advocates, in relation to a case of stricture of the urethra, in which the operation of perineal section was performed / by Francis Burdett Courtenay.

Contributors

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*For the Library of the Royal College of
Surgeons of England.*

A LETTER

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ADDRESSED TO

JAMES SYME, ESQ.,

Professor of Clinical Surgery, Edinburgh;

IN

REFUTATION OF CERTAIN STATEMENTS MADE BOTH BY HIM AND OTHERS,
HIS ADVOCATES, IN RELATION TO

A CASE OF STRICTURE OF THE URETHRA,

IN WHICH THE OPERATION OF PERINEAL SECTION WAS PERFORMED.

BY

FRANCIS BURDETT COURTENAY,

Member of the Royal College of Surgeons of England.

LONDON:

PUBLISHED BY THE AUTHOR.

1852.



A LETTER

JAMES SYME, ESQ.

RELATION OF CERTAIN STATEMENTS MADE BY HIM AND OTHERS
THE ASSOCIATED OR BELIEVED TO

A CASE OF STRUCTURE OF THE URETHRA

FRANCIS BURETT COURTNEY

LONDON:

PUBLISHED BY THE AUTHOR

1852

ADVERTISEMENT.

I HAVE been most reluctantly compelled to give publicity to the following *facts* and *document*, not less in justification of my own professional integrity, than in defence of the cause of SCIENCE and of TRUTH. The character of the first and the interests of the latter, have been too long exposed to unredressed injury by the continued course of misrepresentations, suppressions of truth, and calumnies, which this publication is intended to expose.

F. B. COURTENAY.

December 4th, 1852,
2, CHANDOS STREET, CAVENDISH SQUARE,
LONDON.

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H. BAILLIERE, 219, REGENT STREET, LONDON,

Second edition, with Additions, 8vo., in cloth, price 5s., by post free,
5s. 6d.,

ON TRUE AND FALSE SPERMATORRHŒA;

WITH THE VIEW TO THE

CORRECTION OF WIDE-SPREAD ERRORS

IN RELATION TO

The Treatment and Cure of Sufferers from Debility of the Gene-
rative System, or Sexual Hypochondriasis.

TRANSLATED FROM THE GERMAN OF DR. PICKFORD.

“Dr. Pickford is known to English readers by his frequent practical contributions to German medical literature. This is the first time, he informs us, that he has addressed himself to the non-medical reader. We trust this may not be the last, if he shall detect any other equally flagrant evil which it may be in his power to correct.”—*London Medical azette*, May 30, 1851.

“The editor has conferred a great boon on the sufferers from this distressing malady by translating this little book, and by laying bare the scandalous practices of unqualified adventurers, who profess to cure a disease of which they know nothing, with no other object than to fill their own purses. The difference between true Spermatorrhœa and the various forms of disease which resemble it are accurately described, and thus a safe guide is offered for the treatment of the malady.”—*Medical Circular*, May 5, 1852.

“We promised in a former number that we would recur to this Work, in order to exhibit its aim more clearly. The Author lashes with great severity the impostors who make a livelihood by preying on the credulity of the public. The tribe of ‘Quiet Sympathisers,’ and ‘Medical Friends,’ are mercilessly exposed; and if this book could find its way into the hands of those who suffer from the complaint of which it treats, we are satisfied that many hundreds would be saved much needless suffering of body and mind, and—what is of less importance, though it is that which the quacks most prize—much money This volume is well calculated to put an end to the empirical system of treating Spermatorrhœa, and to place the treatment upon a more rational and physiological basis. It is, therefore, likely to do much good.”—*Medical Circular*, June 16, 1852.

“We have delayed so long upon the contents of the preliminary chapter, that we have scarcely left ourselves space for any notice of the subject specially treated of by Dr. Pickford; but the moderate price at which the ‘brochure’ is sold, places it within the reach of every one interested in the matter.”—*Dublin Medical Press*, April 28, 1852.

TO JAMES SYME, ESQ.,

Professor of Clinical Surgery, Edinburgh.

“SUPPRESSIO VERI EST INTROMISSIO FALSI.”

SIR,—The tergiversation displayed in the different statements which you have made respecting the case whose history forms the subject of this letter, and of which I possess indubitable proof to convict you, has made me long regard you “*as one placed beyond the pale of my professional respect and courtesy;*” if you, then, desire to know the cause which, notwithstanding the existence of such opinions, on my part, has induced me thus publicly to address you, I would, in answer, point to an article in the November number of the *Edinburgh Monthly Journal of Medical Science*, bearing this heading:—“Urethrotomy: a Page in the History of Surgery. By Crito Hypercriticus, M.D.” Should you question my right to hold you personally responsible for the statements contained in an anonymous paper, my answer is, that, although such a rule may be generally correct, there are often cases in which it should not be allowed to prevail; and such a case I feel, and I am confident every impartial reader will equally feel, is furnished by the article in question. For it will be impossible for any one, after reading it, to doubt that it is either your own personal production, or the result of your own thoughts, assertions, and misrepresentations, conveyed to the profession and the public through the medium of some complaisant partizan

of your own, or some mercenary scribe in your pay, whose poverty and not his will compels him to obey your instructions. But, Sir, be this as it may, the quotations which it contains from letters purporting to be written by you, referring to a case attended by both of us, are sufficient grounds for my addressing you as I now do,—especially as you are one of the publicly acknowledged “conductors” of the journal in which they have appeared,—as well as for my thus, in the face of the profession and the public, telling you, THAT FROM BEGINNING TO END, YOUR STATEMENTS, WITH RESPECT TO THE HISTORY OF THIS CASE, ARE TAINTED BY REPEATED MISREPRESENTATIONS AND SUPPRESSIONS OF THE TRUTH. I know you, Sir, to be dexterous at fence in your assertions; and the result of the action brought against you by Professor Lizars, shows you to be an accomplished as well as fortunate quibbler. Nevertheless, I have no fear that, ere I conclude this letter, I shall be fully able to convince every impartial reader, of the entire truth of every statement I have made in respect to this case, and the perfect good faith with which I have acted throughout. And here I would inform you that, although this letter is addressed to you, it is intended more for the perusal of my contemporaries, and for the justification of my conduct (impugned by you, your partizans, or hirelings) in their eyes, than to you personally. For such is the opinion I entertain of men of your moral stamp, that I feel I could well afford to treat you, your misrepresentations and distortions of facts, with silent contempt, if they were restricted to your own private circle.

But, as from the position you have achieved in the foremost ranks of the profession, as well as from the important and influential office you hold of Professor of Clinical Surgery, your statements will naturally be received with almost implicit faith by our professional contemporaries, it becomes a duty I owe equally to my own character and to the profession, to show that *there has been no misstatement or misrepresentation of facts or suppression of truth on my part to your disadvantage*, and that consequently you are in no way justified in holding me up to professional odium as you have done in the last November number and in previous numbers of your journal.

I would here further have both you and all who may read this

letter, to understand distinctly that it is neither my intention nor wish, to question your general professional talents as a surgeon, or even your skill as displayed in this case. Indeed, the question which you have raised between us is not one of *surgical skill*—it is one of *fact*. You published an account of the case with certain, as I think, important omissions. Your work and statements produced a perfect operative *furor*, at whose shrine human life was sacrificed; and I, seeing these dreadful results, with every probability that more of my fellow-creatures would be immolated, endeavoured to arrest this torrent of unnecessary suffering and danger, by the publication of the case, with the additional information which you had neglected to supply. But in doing so, I treated you with respect; and, so far from aggravating the facts in my possession against you, I, on the contrary, dealt most leniently by you, as you or any one may satisfy himself by comparing the documents I now publish with my statements on this head in my pamphlet entitled “A Few Words on Perineal Section,” and which I could then, as now, have published. However, instead of my forbearance being met with something like a feeling of gratitude on your part, I did not even receive from you the common courtesy due to me; but, on the contrary, you have ever since, either in your own person, or through the medium of others in your journal, alluded to me in the most offensive terms; this will be sufficiently shown by the following quotation from the article by “Crito Hypercriticus,” which appeared in the last number of your Journal. Speaking of the discussions raised by your operation, he says—“The subject was taken up in the medical societies of London, where every puny ‘whipster’ drew his sword “in the argument, and thrust with right good will at the operation “and the author of it. Then a Mr. Courtenay, somewhat noted for “his advertisements in the newspapers and wrappers of periodicals, “appeared in the field, first sending a plausible letter, as well as “one of his own incurable patients, to Mr. Syme, and then turning “his back on that gentleman, abusing his operation, and dragging “his name with his own through the mire of one of his pamphlets.” Now, if these statements and remarks had even been true and merited, still their introduction was totally beside the question, and they were, therefore, obviously only made use of with a view

of lowering me in the opinion of the profession and public, and offering me personal insult. Having thus assailed me, you will not, I presume, be surprised, if, whilst I carefully avoid dragging forward any antecedent and extraneous events which have occurred in your past career, and which in the eyes of some reflect no credit on you, I speak of your conduct in this transaction in unmistakable words, and with stern, uncompromising truth. With these introductory remarks, I, for the present, take my leave of all personal observations, and now proceed to the consideration of facts.

As it is possible that this letter may fall into the hands of parties unacquainted with the full particulars of the case which is the subject of dispute, I shall, for their information and guidance to the formation of a truthful opinion, refer, as briefly as possible, to the history of the case, and the circumstances which occurred previous to the patient's placing himself under your care.

The patient whose case is the subject of discussion, first came under my care in the year 1842, when I learnt the following particulars of the case :—He was residing in India about sixteen years previous to my first seeing him, but in consequence of labouring under general ill health, besides symptoms of stricture, he returned to England, and placed himself under surgical treatment for the cure of the stricture. He, however, not only failed in obtaining the desired relief, but was made rather worse, and hence abandoned all treatment. In the year 1829, his sufferings were so great that he was compelled to seek further assistance, and applied to my late father, who afforded him considerable relief, by passing a bougie through the stricture to the bladder. Thinking he could himself finish the cure so successfully begun, he then returned home. From this time (1829) to 1839, he contented himself with merely passing a No. 4 bougie every month or six weeks. Now, however, he began to suffer severely from spasms and partial attacks of retention of urine after using the instruments, and he also frequently had attacks of rigors. His general health was likewise much disturbed. He, in consequence, applied to Dr. A. This gentleman recommended that, as the use of the instruments produced

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

About five weeks after this, the patient came up to London for the purpose of consulting the late Sir Astley Cooper. On his arrival, he found Sir Astley was out of town; he, therefore, accompanied by his brother (a surgeon), called on the late Mr. Liston. "This gentleman," I am using the patient's own words, "after an attentive examination, suggested that a catheter should be introduced through the stricture into the bladder, and there left, which he considered might be effected after the swelling in

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

Shortly after the patient's return, he succeeded in passing a small wax bougie. After this, he continued to introduce small wax bougies every four or five days, sometimes passing them through the stricture, and at other times failing to do so. These attempts were frequently followed by additional difficulty in voiding the urine,

and by slight attacks of rigors. In this way he struggled on for some months, when he was no longer able to pass any instrument beyond the stricture, and suffered severely from retention of urine and rigors. Having heard of a surgeon residing in Devonshire, who was said to have some peculiarly successful method of treating strictures, he went to him, but returned home without relief. The patient's account then proceeds thus:—"My general health was now becoming seriously impaired. I suffered more or less every day from retention, and was seldom able to make water on rising in the morning, except by drops. This continued until twelve or one o'clock, when it would partially cease. My urine was ammoniacal, and I frequently passed lithate of ammonia in considerable quantities, accompanied by a mucous deposit. These salts were passed with extreme pain and difficulty, occasionally causing a stoppage, which created great mental anxiety. Fortunately, General I., with whom I was intimate, and who was aware of my sufferings, called upon me with Major H., a patient of Mr. Courtenay's. We compared our symptoms and sufferings, and found them to be similar, with this material exception, that his were past, mine present."

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

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

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

ing, leeches applied occasionally to the perineum, and an ointment; containing iodine, rubbed over the region of the swelling. This plan appeared to answer for a time; but in the course of a year the patient was obliged to lessen the size of his instruments, and all his old severe symptoms returned, though not to their former extent, as he was always able to pass an instrument of some kind. During the last six years he has come up to London at different times; but although the treatment adopted has afforded him partial relief, yet it has never done more. He has retained catheters till a No. 10 could be passed with ease; but a week after a No. 4 could not be passed. The last time that he was in London was about a year since;* his health had then suffered so severely, that both his brother and myself were seriously alarmed. However, the treatment adopted partially removed our fears in this respect. Whilst anxiously thinking over this case and my patient's sad prospects, I recalled to mind the perusal of the case published by you, originally in your work entitled, *Contributions to the Pathology and Practice of Surgery*, and now forming the first case in the treatise which has led to these remarks. I mentioned the case and its results to my patient and his brother; the former was much alarmed, and, without my knowledge, waited on the late Mr. Morton, thinking that, as he had been a colleague of yours, he might be conversant with the operation and its results. This gentleman strongly recommended him not to have the operation performed, or if he did, to make his will, and also said that you had never performed the operation which I had described. This interview was anything but satisfactory to the patient, who returned and related what had occurred. Being perfectly assured that I had made no mistake in my description, I procured your work, and both the patient and his brother were thereby at once satisfied that I had correctly stated the case as detailed by you. But they were so staggered by the contrary statements and opinions of the late Mr. Morton, that it was suggested that the case published by you might not be *exactly correct*. I at once

* The reader will please to understand, that this refers to the period immediately antecedent to the patient's leaving my care, and complying with my wishes to submit to Mr. Syme's operation.

indignantly repudiated such a thought as unworthy of ourselves, and grossly unjust towards you. However, it was determined, in consequence of the alarm and doubts which Mr. Morton's statements had created, that the most eminent professional man's opinion should be taken, and accordingly Sir B. Brodie saw the patient with me at my house, where the patient was then staying. Sir B. Brodie having given an opinion that such an operation might, at all events, afford some relief, the patient, at length, at my urgent request, gave his consent to my communicating with you; and the hopes which you, in your reply, gave of affording immediate and permanent relief were so strong, that the patient determined on going to Edinburgh and submitting to the operation.

Such is the true history of the case and circumstances which occurred previous to the patient's proceeding to Edinburgh, and these details were briefly given to you in the letter I wrote you, with, of course, the exception of the temporary question which had been raised as to the reliance to be placed on your veracity.

Now, Sir, can you deny the truth of any of these statements? You cannot; I defy you to impugn their correctness in the slightest iota. Then, if you cannot, I ask you, what you, or your would-be advocate, mean by the sneaking assertion or implication, that I sent you a "*plausible letter*," and then attacked you? At the time I wrote you that letter, I had implicit faith in your *integrity*, and never for a moment entertained the slightest idea that you were capable of conduct such as you have since displayed. I would ask you, or rather, through you, the reader, what greater proof of sincerity and confidence could one professional man evince towards another than that of urging his patient and friend, towards whom he entertained the highest esteem, and even the kindly feelings of a brother, to go and place himself under that party's care, and submit to what might at that period be comparatively termed a "*novel operation*?" And I would further ask, could any act more strongly entitle a man so acting to claim to be considered incapable of attacking another from mere feelings of prejudice, or unworthy professional rivalry? With these observations on the perfect good faith with which I first addressed you, I fearlessly

leave this part of the question between us to the decision of the impartial reader.

I now come to the period of the patient's arrival in Edinburgh ; and in order that there may be no ambiguity or quibbling *on either side*, I will first relate to you, and, through you, to the reader, your own published account of the treatment and progress of the case after it came under your care ; and I will then submit to you, and those who may read this, the grounds on which, as also the evidence by which, I support the charge I have preferred, and still prefer against you, viz., THAT IN PUBLISHING THIS CASE IN YOUR WORK, YOU DID NOT GIVE SO FULL AND CORRECT AN ACCOUNT OF IT AS IT WAS IN YOUR POWER TO GIVE, AND WHICH, IF YOU HAD GIVEN, WOULD HAVE PRESENTED A DIFFERENT VIEW AS TO THE PROBABLE ULTIMATE RESULT OF THE CASE TO THAT WHICH YOU SOUGHT TO ESTABLISH. That is my *original charge against you*. To this I now add, in opposition to the representation and statements made by you, or, on your behalf, by the writer of the article referred to above, that your operation and treatment have utterly failed in this instance in affording the patient the relief you profess to have given him.

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

remarked, that he should not have the slightest hesitation in recommending my life for assurance, although in May last he did not consider it worth a year's purchase.' "

Such is your account of the case and the manner in which you conclude its history. Now, every person who has watched the progress of the discussions which have occurred in relation to your operation and treatment, cannot fail to have remarked the avidity with which you seize upon every trifling circumstance that you think confirms your own views and statements. It is, therefore, remarkable, that in the quotation which you make from the patient's letter of the 1st of August, and with which you so flourishingly conclude, there is not a word quoted having reference to the then state of the *urethra*. You only venture to allude to the improvement in the patient's *general health*, whilst you observe a careful and ominous silence with respect to the condition of the urinary canal. Would you have us thus believe, that the patient merely wrote to inform you of the conversation with the medical man, the improvement in his general health, and at the same time neglected to give you any information of the then condition of the *urethra*? But, on the other hand, if he did give it, allow me then to ask, why was this, the most important and interesting information, no matter whether good or bad, withheld? Will you even now publish that letter *in extenso*? However, I shall not insist on this, as it appears to me, strange omission any further. But I now inquire of you, or rather I ask any persons reading these observations, if, after again reading over the concluding paragraph of the case as published by you, they would for a moment even have imagined, that within ten days of the patient's return home, he experienced so much irritation in the region of one of the testicles, that he wrote to you to inquire if he might apply leeches, and that you in your reply had recommended him not to do so, but *to operate on himself with bougies for a period of six or eight weeks*? Again, and further, I ask, would such persons have conceived it possible, that in addition to all this, you had received two, if not more, letters between the 1st of August and the publication of your book in the November following from the patient, detailing the re-appearance of symptoms, which, if you had related *as you could and ought*, would have presented a very different view of the case

to that which you sought to establish? But to my proofs. Here is a copy of your own answer to the patient's letter about applying the leeches :—

“Edinburgh, July 21st,* 1849.

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

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

Is the circumstance of your writing so shortly after the patient left to recommend the use of instruments, so immaterial as not to be worth mentioning? Can there be any doubt that this fact was suppressed in order to give more *éclat* to your representation as to the result of the case? It would, indeed, have destroyed the prestige with which you had so cunningly contrived to surround the termination of your account of the case, to have added the damaging fact, that on the patient's return home, *he was to practise on himself a course of treatment with bougies for some six or eight weeks.*

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

“3 o'clock, Wednesday, 13th.

“My dear Courtenay,—Mr. Syme performed the operation about half-past eleven, and left me in charge of his assistant. He

* The patient only left on the 13th.

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

Well, is hæmorrhage of so profuse a character as to require the application of a ligature to arrest it so unimportant as not to be worth mentioning? Does this accord with your representation that no inconvenience resulted from the operation, or your oft-repeated declarations that hæmorrhage never follows the performance of the operation? In a letter bearing date the 19th of June, the patient writes, "I have every reason to be thankful I am doing as well as I am. Since the withdrawal of the catheter on Friday, I have continued to make water as well as I could wish, although perhaps the stream *is too flat* to be considered *original*. The wound, though not painful, is troublesome, as it continues to *ooze* and *bleed*. This morning Mr. Syme passed a No. 7 metallic instrument, and says he could have passed a much larger one to his satisfaction. I must confess, however, I wish it had gone in more readily. It did not appear to be tight, but to require guidance. Mr. S. attributes this to the funnel tightness, which both you and I know existed before the stricture." The next letter is dated 26th of June: in this the patient writes, "My dear Courtenay,—You will, I am sure, be glad to hear that Mr. Syme is perfectly satisfied with the result of the operation and the progress I am making. The wound is healing fast, and this morning he passed No. 9. He says this is a very important period, as the wound is healing *very* fast, both internally and externally, and if left to itself *would probably contract again, although the stricture is permanently removed*. The little comparative suffering I have undergone, and the decided benefit I have experienced, makes me think, *can such things be permanent?* I am always very nervous on the passing of the catheters, because they do not go in '*slick*,' but require a little management at the turn."

Now, as you know perfectly well, shortly after the patient's return home, he began to find increasing difficulty in passing instruments, spasms after their introduction, uneasiness and difficulty in voiding urine, and, in a word, all the unfavourable symptoms which had previously baffled all treatment, but still in a less degree than previous to your operation ; and he repeatedly wrote to me on the subject. But, as I did not think it right to interfere in the case without your sanction, I invariably desired him to apply to you, and I have every reason to believe he did so. However, somewhere about the end of September, or the commencement of October, the attempts to keep the strictured portion of the urethra dilated by the occasional introduction of instruments, as in the ordinary manner, and according to your advice, caused, as had always previously happened, so much irritation, spasms, and disposition to attacks of rigors, that the patient wrote to ask me if I thought he might, on these occasions, retain a catheter for some twenty-four hours, or, at all events, until it ceased to be held, or its presence to excite spasms, hoping that thereby he should escape the serious inconvenience which the mere introduction and temporary retention of the bougies excited. In reply, I recommended that he should write to you and inform you of his unfortunate condition, and ask your opinion on the point. On the 12th of October, he wrote me as follows : " My dear Courtenay,—I write, as you may be anxious to hear from me, although I have nothing satisfactory to communicate about myself. I wrote to Mr. Syme on receipt of your letter, to ascertain whether I might retain a catheter, and expect to hear from him to-morrow. When he wrote me on the 8th, he had not received my letter, *and was very anxious to know how I was going on.* I have had two attacks of rigors within the last three weeks, and am very subject to cold perspirations in bed."

I would observe, *en passant*, that it is remarkable, that, so far as I am aware, you never gave an answer to this question at that time, or on subsequent occasions, when your opinion was requested on this point.

Such is the evidence which I have to adduce in support of the entire correctness of my charge against you, that, in publishing the case in your book, you did not give so full and correct an

account of it as it was in your power to give ; and which, if you had given, would have presented a different view of the probable result of the case to that which you sought to establish.

I now come to the evidence by which I propose to support my statement as to the utter failure of your operation and treatment in realizing any of your boastful assertions, and by which I also think I shall prove that the letters purporting to be written by you to Crito Hypercriticus, in explanation of the contradictory statements which have appeared in relation to this case, are a continuation of the same disgraceful system of misrepresentation and suppression of truth which has throughout marked your conduct in this instance. Thus, in December, 1849, only a month after the publication of your treatise, you wrote the following letter to the patient :—

“ Edinburgh, 4 December, 1849.

“ MY DEAR MR. ———,

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

“ Yours truly,

“ JAMES SYME.”

In a letter, dated 5th February, 1850, the patient writes, “ For the last ten days I have been very unwell, and I am now so much so as to be obliged to keep my bed for two or three days at all events. My urine is in a sad state, and passed with *difficulty* and *uneasiness*. I have received a very kind and considerate letter from

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

Mr. Syme (he had informed me that he had written to you some time before, and had not received any reply), who said he did not *write before because he was quite at a loss to account for the state I represented, and the best plan to be adopted for relief.*" On the 19th of February, he writes me, "I am obliged to give a very bad account of myself, and I am almost afraid I have not derived *any benefit from the operation.* On Thursday night last, I was seized with rigors and retention, and obliged to keep my bed on Friday, *retaining only a small No. 2 catheter.* I now make water very badly, although rather better this morning. I cannot pass more than No. 4, and *indeed all instruments are held.*" From this time until April, his letters were much of the same character, containing accounts that he was sometimes better, sometimes worse. Towards the latter end of the month, he came up to London for a day on business, and I saw him for a few moments, when he gave me a most melancholy account of his sufferings. Shortly afterwards I received the following letter from a friend of his :—

"MY DEAR MR. COURTENAY,

"I grieve to tell you that poor —— is very ill ; ever since he returned from London he has been suffering more or less, but was much worse yesterday afternoon and during all night, not being able to pass the smallest catheter, or obtain the least relief, that I fully made up my mind to beseech you to come down to-day by ——, who left here at seven o'clock this morning for London. But —— felt loath to send for you, knowing how much engaged you are, and besides, towards daylight, he was somewhat relieved. However, ever since that time he has been suffering dreadfully ; he has not succeeded in passing any instrument, and the obstruction, he says, is not so much from spasms, as some obstacle stopping up the passage. Dr. —— is here accidentally, and has told him to put on some leeches. He has had two hot baths at twelve last night, and again to-day, and about 130 drops of the 'black drop' since eight o'clock last night. It is now half-past three o'clock, and he has obtained a little relief by making about a wine-glass-full of water. Should the leeches not give him relief, and should he be as ill to-morrow, I must send to you by the express train, as I feel assured, if you

are able, you will come and do what you can for him. Indeed, his sufferings are terrible, and the laudanum seems to have no effect upon him." As all the remedies failed in relieving him, I received a summons by the express train requesting me to proceed without delay to the patient. On my arrival, about two o'clock in the morning, I found that he had been able to void small quantities of urine, although not sufficient to afford him complete relief. Upon attempting to introduce different kinds and varied sizes of catheters, I found it impossible to do so. I therefore did not persist in the attempts, but directed a large instrument to be passed down and kept pressed against the stricture. This enabled the patient to void a little more urine, and kept him comparatively easy till towards seven in the morning. I then made another attempt to pass an instrument, about a No. 2, but, although I succeeded in getting it well into the grasp of the stricture, I could not pass it on to the bladder. After I had kept it in some time, I withdrew it, and the patient himself then passed a very small catheter through the stricture to the bladder. This was fixed in, and I then returned to London, as there was no doubt that, after it had been retained for twenty-four hours, he would be able to pass instruments as usual.

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

three days I have passed, with great irritation, the alkaline deposit which, this morning, came from me like a *thick paste*, which, when dry, resembles a *layer of lime*." On his passing through London in September, I saw him and found he was as bad as ever.

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

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

Such are the accounts which the patient has forwarded to me from the time of his placing himself under your care to the above date, whilst, as to his subsequent and present condition, I have only to state that it has been marked by the same character of alternate temporary relief and suffering which the foregoing correspondence indicates. I saw him a few weeks since, and he then informed me that he had been lately remarkably well in his *general health*, and had in consequence suffered less from spasm and irritation, and had therefore not used any instruments for, I think, over two months ; but that it was his intention, on his return home, to go into "dock," as he terms going to bed, for a few days, and wearing catheters. He said, he did not anticipate being able at

first to pass through the stricture a larger instrument than the smallest flexible catheter; and he further informed me that it had lately happened, when he tried to pass even the smallest catheter through the stricture, that he had not succeeded at once, as he used to do, but only after it had been left in the grasp of the stricture for some hours.

This is my history of the case: impeach it, if you dare! I have now to add to it the assertion, that you were, from time to time, informed by the patient of his unfavourable condition, and were likewise, very shortly after his alarming attack of retention, informed of it also; and the circumstance of his having been obliged to summon me from London. Yet, perfectly aware of all the facts I have narrated, you have the surpassing assurance to again attempt to palm your misrepresentations and perversions on the public for truths. Let me now request your answer—full, clear, and explicit—to the following questions:—

1. Do you deny the truth of the patient's statement, contained in his letter of the 13th of June, as to your being compelled, an hour or two after the operation, to apply a ligature, in order to stop the hæmorrhage which had occurred? If you do not, will you then say why this circumstance was altogether omitted in your account?

2. How comes it that the circumstance of the patient's remarking that the instrument "jumped" is now for the first time permitted to "jump" out? As it now appears on your own admission, that the instrument "jumped," and "*did not pass smoothly along the urethra,*" why did you then tell the patient, that the stricture was permanently removed? If the patient was sensible of the impediment and "jump," surely you, who vaunt yourself as so dexterous in the manipulation of urethral instruments, must likewise have been aware that the stricture was not completely removed. Speaking with all due humility, I would remark that I never yet had a patient who complained of an instrument's "jumping" without having myself been aware of the fact before he could mention it, and certainly, although I have had some little experience during the last twenty years in the manipulation of urethral instruments, I would not for a moment lay claim to the possession of the dexterity in their use which you arrogate to yourself.

3. Do you repudiate the letter of the 21st of July, wherein you recommended the patient to pass instruments "*once a-week for three or four weeks, and then once a fortnight for the same period?*" If not, on what grounds do you justify the not mentioning so important a fact?

4. Do you deny having been informed by the patient of the spasms and other inconveniences which the introduction of instruments occasioned, or the truth of the patient's statements to me, in his letter dated 12th October (nearly a month before your pamphlet was published), wherein he mentions having written to you, in accordance with my suggestion, to ask if he might retain a catheter, and further stated he had received a letter from you, and that you *were very anxious to know how he was going on?* And if you cannot deny them, and the other facts narrated above, how do you, then, make out the assertion contained in your second letter to Crito Hypercriticus, that "*it is evident that at the time you published your pamphlet you had good reason to describe this patient as cured?*"

I have now a second series of questions to ask you, having relation to the occurrences subsequent to the publication of your pamphlet.

1. The patient, as I know, and you know, endeavoured to follow out your instructions with respect to the regular introduction of the metallic instruments you had recommended; but, as had always previously happened, their introduction excited spasms, increased difficulty in urinating, &c., and he wrote you to this effect, and hence your letter of the 4th of December, 1849 (only a month after the publication of your book), wherein you recommended the patient first to use flexible instruments, and secondly "rigid" ones. Do you deny this letter?

2. Do you deny the truth of the statement contained in the patient's letter, dated the 5th day of February, 1850, wherein he states that he has received a very kind letter from you, in which you said *you had not written before because you were quite at a loss to account for the state he represented, and the best plan to be adopted for relief?*

3. Were you, or were you not, informed of his dreadful attack of retention, and of his having been obliged to send for me?

4. Do you deny having been generally, from time to time, up to nearly the end of last year, informed by the patient of the recurrence of all his unfavourable symptoms ; as, for example, the spasms, the difficulty in urinating, retention of urine, rigors, his inability to pass any but instruments of the smallest size, and the necessity of even then retaining them for days together, according to the *plan adopted by me previous to the performance of your operation?*

5. Will you now dare to maintain that the quotation from your second letter addressed to "Crito Hypercriticus," terminating thus—"When I last heard of this patient in April, 1851, he continued to be in a materially improved state, not quite well, but in comfort, when he passed the catheter every five or six weeks"—is not calculated utterly to mislead the reader as to the patient's true condition? "*When he passed the catheter every five or six weeks,*" eh, Mr. Syme! Is that it? When he passed the catheter every five or six weeks! How simple and beautiful it sounds!! How nice it reads!!! How wonderful the relief!!!! What greater amount of relief could a patient, having for years laboured under such an intractable stricture, and endured so much suffering, desire? How unreasonable, therefore, not to say ungrateful, must he be, not to be satisfied! And what malignant carpers must those, who have denied your statements in respect to the results of this case, appear in the eyes of such as may be credulous enough to believe your representations! But, alas! for your complete veracity, although the fact of the patient's only requiring (on an average) to pass a catheter once in five or six weeks is true, yet the inference you would have the reader draw is totally erroneous, and wide indeed from the true state of the case. *For when he has so passed it, he dare not withdraw it in the usual manner, as your mode of stating this fact would lead every body to infer. But he must then go to bed, wear it for twenty-four hours, then pass another, and retain it also for the like time, and so on till a moderate sized one lies perfectly loose in the urethra.* This feat accomplished, he may then leave his bed, and, unless anything unusual occurs, he, after this, may remain pretty well for another interval of five or six weeks. Such has been the patient's true condition, from February the 5th, 1850, up to the

end of the year 1851, the period embraced by your relations ; and I defy you to deny that you are not perfectly aware of it—or rather, I challenge you, not merely to deny your being aware of it, but to do SOMETHING MORE—PROVE YOUR DENIAL. Yet, Sir, with a full knowledge of all the circumstances I have narrated, you have the temerity to allow such statements as are contained in the article of “Crito Hypercriticus” to be published in this present month of November, in a journal of which you are one of the conductors!

6. Did you not long since invite the patient to come again to Edinburgh, in order that you might see if, by some means or another, you could not afford him the relief you had manifestly and indeed confessedly, by your invitation, failed to afford by the operation you had performed?

7. Will you, then, inform the profession, or your friend, “Crito Hypercriticus,” whose confidence in your character for truthfulness, “from boyhood upwards,” you have so shamefully abused, how, with the knowledge of the facts I have detailed, you reconcile your permitting the re-publishing at *this time*, of your statements and letters to that much deceived individual, with the principles of common professional honour and decency?

Thus, by this relation of facts, I justify and prove my assertion, that your operation is in this instance an utter failure in regard to the confirmation of the statements for which you quoted it, viz., “*that division of a stricture by external incision, is sufficient for the complete remedy of the disease in its most inveterate and obstinate form.*” A brief recapitulation of the patient’s condition when he applied to you, and the hopes which induced him to submit to the operation, may not be ill-timed here. He had been a patient of mine for many years previous to his coming under your care, and the different methods of treatment which I had from time to time adopted, had afforded him more or less relief. But at last the only mode which did so was the plan of retaining catheters for periods varying from one to four days. Now this method was found so distressing and inconvenient, and withal appeared in prospect so hopeless, that our attention was attracted to your “new operation.” *You promised to afford the patient certain, speedy, and, above all, that permanent relief which he had hitherto*

sought in vain. In full reliance on the accomplishment of your promise he submitted to your operation, and within eight months after (see letter, dated 19th of February, 1850), he is again confined to his bed, seeking relief, poor fellow! from his sufferings by having recourse to *that treatment which I had first recommended to him, and to avoid which was the sole cause of his seeking your aid,* whilst from that time to the present, his only means of keeping his disease under has been the occasional retention of catheters, as he did before you operated.

The anxiety I have felt, lest I should, even unintentionally, have made in the foregoing remarks any statements which are not strictly warranted by facts, has induced me, since they were in type, to make a journey into the West of England, in order that I might, by personal inquiry, guard myself against making any unjustifiable assertions in relation to the case, and also that I might fully satisfy myself as to the patient's exact present condition. I have now to state that in all the essential points of his case, the patient is unrelieved by your operation. He can only void urine in a very small stream, and this he does with great difficulty and pain. With regard to the introduction of instruments, he can only pass the smallest sized flexible catheter, and sometimes this will not pass at once, whilst its introduction always occasions excessive pain. He is also labouring under some other symptoms, which, out of regard to his wish, I shall not enumerate, but which are, in my opinion, of a worse character than any he has previously, to my knowledge, experienced. Yet, notwithstanding all these unfavourable indications, he has, during the last year, been remarkably free from attacks of spasms and retention; insomuch, that he has in one instance gone five months without having occasion to pass a catheter, or to go into "*dock.*" However, when he was obliged to do so, in consequence of an attack of spasms and retention, the attack was much more severe and more difficult to overcome than those had been which occurred at shorter intervals. For example, in former years when he had an attack every six weeks, he was generally, after remaining in bed for two, three, or four days, free for another period of six weeks. Now, however, after he has been out of "*dock*" for a day or two, he is attacked by spasms and retention, and com-

pelled to go to bed again; and relapses of this kind have occurred (with intervals of a few days only) two and three times in rapid succession. So that, after all, it is very questionable if in the long run he derives any real advantage from the otherwise increased intervals between the attacks.

And now, Sir, I assure you it has been to me a most painful task thus to expose your moral dishonour. The fault, if any there be, rests with yourself; I have long refrained from giving publicity to the documents I have now been compelled to publish, and this, too, notwithstanding my conduct has been most unfairly impugned, both by yourself and by parties professing to give the profession a true insight into the merits of the discussion which had occurred in relation to your operation. Thus, in the July number of the British and Foreign Medico-Chirurgical Review for the year 1851, there appeared an article under the heading of "*Merits and Demerits of the Perineal Section*," in which the writer thus expressed himself in relation to the contradictory statements which had appeared with respect to our patient's case:—"Now, if it be true, as here stated, that Mr. Syme had received a communication from the patient, *previous to the publication of his work*, of the nature Mr. Courtenay describes, we can only say, that he has been guilty of unworthy suppression, such as we were unprepared to expect from him, or from any one else claiming the character of an honest man. But even this account is complicated with disingenuousness somewhere, and we are bound to state our belief, that this does not rest with the Edinburgh professor."* Now, I confess that when I read this, I felt very angry, and under that feeling prepared the documents I now publish, with the intention of sending them to the editor of that journal for publication. But, on calm reflection, I determined not to do so, and the more especially because I was perfectly aware that my patient and friend had been much annoyed, both on his own account and for your sake by the discussions which had already occurred. But it appears by your again dragging this case forward, that you are as insensible as unworthy of the forbearance I have displayed.

* I presume the editor, unless you show cause to the contrary, will feel it due to himself to make me the *amende* he owes.

Besides which, it is impossible for me to allow such reiterated attacks on my veracity and professional character to pass without contradiction.

And now, Sir, leaving to you the task of giving *distinct answers to my questions*, I shall, in conclusion, fearlessly leave it to the impartial reader to determine which of us has in this transaction pursued the most honourable and straightforward course—whether HE, who has for upwards of twenty years laboriously devoted himself to the study of those special diseases he is called upon to treat, and who, from having no hospital appointment whereby, through the medium of lectures or other means, to impart information to those interested on the subject of his studies, as to his views and treatment, has published works in illustration of his practice, and adopted the not unusual course of advertising them both in medical journals and newspapers—or the MAN who arrogates to himself the title of being the only “pure surgeon,” and who, not content with the facilities which a public class and an infirmary appointment as Clinical Professor afford to disseminate *his views*, has likewise published a “pamphlet,” and not disdained to advertise it in the “newspapers,” nor hesitated to attempt to puff himself, his pamphlet, and operation into notoriety by procuring the insertion of a braggart and, to his professional contemporaries, insulting challenge in a “periodical,” and who has, lastly, prostituted the columns of what should be a scientific journal, and of which he is one of the conductors, to the *reiterated publication of his misrepresentations and suppressions of truth*, as well as calumnious attacks on those who, both for the credit of the profession and the protection of suffering humanity, have had the moral courage to expose them.

I remain, Sir,

Yours,

F. B. COURTENAY.

P. S. It is due alike to yourself and the patient, as also to my own character and sense of justice, that I should state, that, although he is of course disappointed at the unfortunate result of his case, he ever expresses himself in the warmest terms of the liberality, attention, and great personal kindness you showed to him whilst under your charge.

The following are copies of Mr. Syme's letters referred to in the foregoing remarks, and which are quoted by Crito Hypercriticus in corroboration of his representations :

(FIRST LETTER.)

“In a case, which was sent to me in June, 1849, by Mr. Courtenay from London, and which has been made the most of by him and other opponents of the new operation, the patient described himself, in a letter to me in August, as already so well that his usual medical attendant declared he was ready to recommend his life for assurance if required. The improvement, however, did not prove altogether permanent. Before the end of the year the patient complained of some threatenings, attributable to nervous anxiety.* In the following February he had an attack of retention similar to those he had previously experienced.† Still, so far as could be gathered from himself, his general health has continued better; and the disease, though not removed, has been less troublesome than before the operation. ‘Most thankful,’ writes he the last time I heard from him, in April, 1851, ‘am I to be able to say, I certainly am better than before I went to Edinburgh.’

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

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

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

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

(SECOND LETTER.)

“The patient sent by Mr. Courtenay was operated on in Edinburgh in the end of June, 1849. Before the middle of July he was so well as to return home to the south-west of England, with every apparent prospect of thorough recovery. Immediately after this long journey he suffered from irritation in one of his testicles; on account of which I sent him before the close of July a comforting note, with the assurance that he would nevertheless be soon well again. Accordingly, on August 1st, the patient wrote to me in glowing language how prosperously his case went on, and mentioned, among other things, that ‘a few days since a medical referee of an assurance society, Dr. ———, formerly one of your pupils, voluntarily remarked that he should not now have the slightest hesitation in recommending my life for assurance, when in May last he did not consider it worth a year’s purchase.’ In November of the same year, in my pamphlet on ‘Stricture of the Urethra and Fistula in Perineo,’ I described this case, among others, as having been cured; which it is evident I had good reason at that time for doing.* Before the end of the year, however, the cure proved not to be permanent or complete. This I have adverted to in a previous communication to you, in which I have likewise mentioned the probable cause, and suggested a precaution for avoiding such imperfect success in future. When I last heard of this patient, in April, 1851, he continued to be in a materially improved state—not quite well, but in comfort, when he passed the catheter every five or six weeks.”†

* What! in the face of the patient’s letter dated October 8th, and other previous ones, all received before the publication of your book!

† This jesuitical mode of stating a fact is fully exposed and refuted at page 26.

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