

in which the child was found soon after birth, although the digestive functions were regularly performed, and although the nursing took place under excellent conditions. We shall not insist here upon the symptoms which the disease presented. They were those of lobular broncho-pneumonia, with this peculiarity, however, that there were not observed those alternations of aggravation and amelioration which are commonly seen in this affection in the new-born when it is developed apart from any diathetic influence. It was this special behaviour of the disease which led us to suspect, and justly so, the tubercular origin of the thoracic lesions.

This observation, it will be seen, presents great interest, as bearing upon the etiology and course of tuberculosis in the new-born.

AN EXPERIMENT ON THE DISINFECTION OF ENTERIC EXCRETA.—By JOHN DOUGALL, M.D., F.F.P.S.G.—Avoiding fractions, it amounted to this (and I confess the result astonished me): one ounce of enteric fæces had deoxidised not less than ten ounces of Condy's fluid; in other words, there is no security that enteric faecal matter is effectually disinfected by Condy's fluid, unless the bulk of the fluid used be ten times as great as the bulk of the enteric fæces to be disinfected. In the same manner, I experimented with a fluid ounce of enteric urine, and here the result was, that one ounce of the urine deoxidised at least two ounces of Condy's fluid.

Now, supposing a typhoid patient passing twelve ounces of faecal matter and twenty ounces of urine during each twenty-four hours, say for a week, which it will be conceded, are not excessive quantities, and supposing the Condy's fluid sold to the public in eight-ounce bottles at one shilling each is used, it follows that two hundred and eighty ounces of Condy's fluid are required to oxidise or disinfect the week's urine, which, at one shilling per eight ounces, amounts to £1 15s.; and that eight hundred and forty ounces are required to oxidise or disinfect the week's fæces, which, at one shilling per eight ounces, amounts to £5 5s.; in all, £7 per week, or at the rate of £364 *per annum*. Supposing a hospital with thirty enteric patients, on an average, constantly under treatment, on these data, it would take £10,920 worth of Condy's fluid to disinfect their yearly excretions.

Surgery.

ON INTERNAL URETHROTOMY.*

BY W. F. TEEVAN, B.A., F.R.C.S.

Within the past few years, the operation of internal urethrotomy has occupied much attention in this country; the principles of this procedure have been more clearly established and better carried out, great improvements have been effected in the instruments used, and I think it may be safely predicted that internal urethrotomy will, in the future, attain that position to which it is justly entitled.

I would firstly remark that I consider most urethral strictures are best treated by gradual dilatation, carried out by means of soft instruments; that an operation is seldom called for, and ought, as a rule, to be only resorted to after milder matters have failed. I would also observe that, pathologically, there is no evidence to prove that a stricture can be cured; but practically all strictures are curable, provided an instrument is occasionally passed at regular intervals for life.

Now, if an operation be indicated, what are the requirements it must fulfil? what, in fact, is demanded of it to prove successful? I do not think the answer can be found in any English work; we must ask French or American surgeons. The former would reply that the insertion of the "*pièce d'allongement*" is required; whilst the latter would say that a "cicatricial splice" is wanted. The above expressions convey, in a very clear and concise manner, what is indicated. We have to enlarge the contracted urethra by letting into it a splice of new tissue, which is of a necessity cicatricial. We know that cicatrices are endowed with varying powers of contraction; those, for instance, which result from the clean cut of a surgeon's knife shrink but little, whereas those following lacerations contract greatly. Hence, therefore, a cicatrix made by a clean incision possesses the minimum amount of contraction, whilst that following a laceration has the maximum degree; and, inasmuch as we want a cicatrix which will contract as little as possible,

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