

futed a larger size, so as to prevent the urine trickling along its sides. There are other minutiae to be attended to in the local management, which were closely watched here, and though apparently trifling, I conceive of great moment in warding off irritation. The first is, not to allow the catheter to project far into the bladder; and secondly, to permit a small quantity of urine always to remain in the bladder. By these precautions, the instrument is prevented fretting the mucous membrane of that viscus. After changing the catheter, a full opiate was in every instance immediately administered, and the patient placed in a hip-bath; indeed, to the constant immersion of the parts under treatment in hot water, the free exhibition of opiates and gentle laxatives, I attribute mainly the exemption from irritation and rigors, which so strikingly characterized this case all through. I have selected the foregoing case to show that the most unpromising and advanced callous stricture may be brought to yield to the judicious application of the gum-elastic catheter—unfortunately a mode of treatment which, without good reason, has been allowed to fall into disuse. I could adduce other cases to bear upon this point—one, in particular, of a gentleman aged about 50, who suffered long and severely from the distress attendant on an aggravated form of permanent stricture, and in whom perfect dilatation was effected by the method which I advocate. I forbear entering into the details of this case, because it occurred in private, and I have fairly submitted the outline of the other, because it occurred in hospital practice, and was witnessed from day to day by a class of at least from sixty to seventy pupils. I have no fear of relapse in those cases if the ordinary precautions be adopted. In the case that I have transiently alluded to, though occurring three years ago, nevertheless there is no tendency to relapse. The precaution I adopted to avert such an occurrence was the introduction of a full-sized catheter, at first once a week for some time, and afterwards at intervals of three or four. If the urethra be dilated to its full dimensions, I do conceive that the tendency to contract will be very limited, and can be obviated by the occasional introduction of an instrument; whereas

if the dilatation be stopped half-way, the liability to a recurrence will be confirmed and very rapid. It is strange how Mr. Syme has altered his opinion on this point. In his *Principles of Surgery*, vol. ii., p. 179, not only does he admit the feasibility of dilating the canal, but he says "the urethra should always be dilated to its full size, as a relapse is *otherwise* apt to happen, but any other extension than this can do no good." I have underlined the word "otherwise," because the sentence is clearly meant to imply, if the urethra be dilated to its normal size, a relapse is not likely to occur; while, in his monograph upon the subject lately published (1849), p. 16, he directly contradicts what he had written before. After detailing a case in which he had used dilatation, restoring the canal from the most contracted state to its natural calibre, he terminates by saying:—"At the end of ten days I withdrew the full-sized catheter then employed, and before twenty four hours had expired, found the complaint in every respect exactly as it had been before the process was commenced." On this case he afterwards performed his favorite operation; and now I would candidly ask, how can such statements apply to the following remarkable passage occurring in the *Monthly Journal* for March:—"In conclusion, I beg to remark, that the mode of treatment which I have proposed is intended for the relief, not of stricture in its ordinary form, which readily yields to dilatation, but of that which resists this and other known means of remedy." In his former assertion, he admits he dilated the urethra to its natural capacity, and that in twenty-four hours it had contracted as before his interference. Surely such a statement is not consonant to the experience of other surgeons. Professor Miller, in his admirable paper before alluded to, states:—"But let the dilatation be complete till a full-sized instrument has on many occasions passed the whole canal unopposed, then let occasional introductions be maintained (the protesting bougie) at gradually lengthened intervals; at the same time the general health, and especially the functions of the kidneys, being carefully attended to; and I believe that under these circumstances, tendency to unusual resiliency and relapse will be