

suture was a marked element of the brilliant success of some of his procedures of this kind. It has not, however, been generalized in the practice of surgery, as in my humble opinion it may be to great advantage.

There are cases in which it is desirable to employ drainage, either by means of a tube of silver, rubber, or decalcified bone, by carbolized silk or by horsehair. I am well aware that the need and advisability of this is doubted by many surgeons, and am ready to admit that drainage has been applied by some in a wholesale and routine manner, in every case, with perhaps injury to the patients, or at least to some of them. But when it is thought proper to establish an outlet, this may be done perfectly well with oblique section of the skin. Indeed, if desired, a sufficient portion of the incision may be made in the ordinary vertical method, at a suitable point, and the remainder may be made obliquely, so as to promote its healing.

I have not yet employed this oblique method of incision in any large amputation, as I have been experimenting with it in order to make sure of my ground; but should confidently look for like advantages in such operations as in those above mentioned.

It is a matter of much importance that the scalpel or bistoury used should be very sharp, in order to make the cuts with the utmost accuracy. The plane of incision should be as much inclined as possible. Of course, the apposition of the cut surfaces should be most carefully and exactly effected, and where a cavity is left, as by the removal of a tumor, gentle and equable pressure should be so made as to close the tissues in and fill it up. Carbolized cerate forms an excellent immediate dressing, with or without laudanum, alcohol, dilute tincture of iodine, or other customary applications. My own preference is for the laudanum, with a wrapping of raw cotton, generally covered with waxed or oiled paper.

May I, with much diffidence, venture to hope that the modification which I have had the honour to urge upon your attention may be found really to be a contribution to that antiseptic surgery at which we must all aim?—
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DIAGNOSIS OF STRICTURES OF THE URETHRA.

BY M. GUYON.

The diagnosis of stricture of the urethra is often made in a common-place manner. Every bearer of a chronic discharge, of a gonorrhœa which has only an exceptional duration, is accused of stricture. Doubtless it is sometimes exact to say that chronic discharge means stricture, but great care must be taken not to expand this idea too much. There is a very great number of patients who have a chronic discharge due to other lesions than a stricture. It is still less necessary to admit that stricture exists with a gonorrhœa dating from only three or four months. It is not after this delay, but after two or three years, and often more, that the stricture is produced. With how much more reason still are we mistaken when we attribute a stricture to those who have difficulty in micturition: in half of the cases we commit an error; likewise when the jet is deformed, which is due to a crowd of other causes, and notably to the greater or less repletion of the bladder.

Here is then a series of diagnoses of probability often made by the patient, but also too often accepted by the physician. At the very time even that we make a direct examination we often err, because having tried to introduce an instrument, and finding that it has not penetrated, we conclude in the existence of a very narrow stricture.

First of all, it must be known where the instrument has been stopped, and in what region. I here raise my voice against a habit adopted, however, by the most experienced surgeons: in order to determine the seat of an obstacle, the distance traversed by the sound is measured, and it is said that there is a stricture at so many centimetres. It does not follow because we have said, There is a stricture at eleven centimetres, that we have determined its precise seat. You will determine the seat of a stricture only by taking the anatomical landmarks of the region on which the stricture bears.

This is a point which is too often neglected; one indicates neither the extent nor the peculiar physical qualities of the stricture. One