

you find yourselves confronting two coincident injuries, it is well to look equally to both, and, besides, to conform to this precept: *do not operate too soon*. Here, it must be confessed, the intervention was much too soon, that is, before the canal had returned to its normal state. It is one of the errors frequently fallen into in foreign clinics, in which the patient is operated on the day after his entrance. For this reason I always forbid my pupils—except in cases of urgency—to explore the urethra on the patient's entrance. Summing up then: 1st. It is imperative not to injure inflamed textures, unless under absolute urgency; 2nd. By proceeding hastily a door is opened to auto-inoculation; 3rd. This may be the result of a microscopic wound; 4th. Adjuvant operations have an especial gravity, which may be followed by accidents in practising a minor operation."

There is not a doubt that the preceding observations have been traced by the hand of a master, one of the most celebrated surgeons of Paris, and that the accidents following his surgical intervention were due solely to the old system. He had in hand an impassable stricture; there was necessity to interfere, and Verneuil performed the operation; he effected external urethrotomy, and thus gave place to all that cortege of accidents, which placed the patient in a deplorable state, worse in fact than that in which he was before his entrance into the hospital. Mallez, with his galvanic cautery, without a conductor, has, by electrolysis, succeeded in reaching the bladder without cutting the urethra, thus avoiding a painful operation, which is full of peril and accidents, as we have seen in the case of Verneuil. The celebrated electro-therapeutist proposes the substitution of the process, and he abandons external urethrotomy, in presence of the excellent results he has secured in his practice on the urinary passages. As to the advice of Verneuil, we daily infringe it, in exploring and operating on the patients who come to consult us, and we have not had any complaint as to our mode of proceeding, since no accident has accompanied or followed the sittings of electrolysis, which are usually, at the least, unsucceeded by accesses of urethral fever.

In the present state of science two theories are offered in explanation of the cause of urethral fever. The first is that of inoculation; Maisonneuve was the first who, in these cases, spoke of auto-inocula-

tion, and of the accession of consecutive septicæmic fever. The second theory is that of nephritis. "When one is young," says Verneuil, "he may be absolute; when he grows old, he turns eclectic." Maisonneuve was the initiator of whatever has been done as to inoculation from septic products in wounds; and although his memoir saw the light only in 1862, he had for a long time before taught the same in his course. In the meantime, as I was a disciple of Maisonneuve, I found myself tied to the theory of nephritis; I profess the same idea to-day, but with this difference—that I accept both theories, that is, renal congestion in chronic nephritis, and the wound with septicæmic auto-inoculation. In another case, more or less identical, Verneuil shows his embarrassment and his inability to relieve a stricture periodically impassable, if we may be permitted to say so. "Now," says he, "after several attempts made in the meantime with the greatest care, without using any violence on the urethra, the patient was attacked by a very violent access of fever—urethral fever, according to all the probabilities; at the same time the right testicle was enlarged and became the seat of an orchitis consecutive to catheterism. A surgical nephritis, pretty notable, was realised, a parenchymatous nephritis, which gave place to intense albuminuria. Here was an exploration of the urethra resulting in the accidents of albuminous nephritis and an anomalous orchitis.

From our first urethral explorations we have employed antiseptic catheterism, being convinced that Listerism is a potent enemy of the great microbial family—the cradle of the innumerable accidents that complicate the majority of surgical interventions. This great discovery, which had its dawn with Pasteur, in France, broke forth in grandeur in Albion with Lister, the great propagator of the method which has taken his name. To annihilate the microbes with antiseptics is to close the door against the assaults of these parasites, whose destructions are always incalculable when their presence becomes permanent. The action of antiseptics is to-day admitted by all those who have been enlightened by the sun of discoveries, which now floods the intellectual universe with its fecundating beams. "Antiseptic therapeutics," says Bouchard, "is the therapeutics of the future." Listerism is even yet disdained by some celebrated surgeons, who conservatively stick to the old doctrines