

4. That until the repair of the duct is thought to be complete, nutrition should be sustained on albuminous material, with possibly a small amount of carbo-hydrates, but with an absolute exclusion of fats.—*Maryland Medical Journal*.

RESULTS OBTAINABLE IN THE TREATMENT OF DENSE, TIGHT, DEEP-LYING STRICTURES OF THE URETHRA.

L. S. Pilcher (*Annals of Surgery*). In cases of retention due to a deep stricture, prolonged efforts are not made to secure the passage of instruments. If a No. 2 or No. 3 French olive-pointed bougie does not pass readily, the bladder is aspirated and preparation made for urethrotomy, usually without a guide. A free incision is made in the perineum, and if the urethra is found to be a distorted, hardened mass of cicatricial tissue, from one-half to three-quarters of an inch may be excised and the divided ends brought together. In the majority of the cases the urethra is split along its floor and a gorget introduced into the bladder, followed by the introduction of the finger. The first joint of the index finger corresponds to about a No. 60 sound of the French scale, and dilatation short of this is not advisable. The meatus and penile urethra is cut until it admits a No. 40 sound, and a sound of that size is passed through the entire urethra into the bladder. A rubber tube of about the same size is passed through the perineal wound into the bladder and held in place by sutures passed through the sides of the wound. A packing of iodoform gauze is placed around the tube. After four days the tube is removed; sounds Nos. 36, 38, and 40 are passed in succession. The tube is not replaced, and the sounds are passed every third day for two weeks, then once a week, then at rapidly-increasing intervals—once a month, once in six months, once in twelve months. There is no theoretical reason why these old strictures should not be cured permanently, as overstretched scar tissue, as seen in ventral hernia, has no tendency to contract. Some cases which have been followed for several years show that the cure has been perfect.—*Georgia Journal of Medicine and Surgery*.

CURE OF CHRONIC BRIGHT'S DISEASE BY OPERATION.

Edebohl's (*Med. Record*, December 21, 1901).—The author first operated upon chronic nephritis, November 29, 1901, and while the operation was primarily a nephropexy, done for the relief of a loose kidney with nephritis, the re-