

appeared. Considering the remarkable improvement which the patient had obtained, Dr. Mallez, when again consulted, advised the same method, and in the course of April he had a sitting of electrolysis lasting 14 minutes. Sixteen elements of a pile of bi-sulphate of mercury were brought into action. The olive of the galvanic cautery passed the stricture in a minute and a half, and being then drawn back, it was delayed for 14 minutes. From this day the flow of urine resumed its normal force and volume, and ten days afterwards Dr. Mallez found that the canal admitted, without difficulty, a number 18.

These two clinical histories, from their importance, merit particularly the attention of physicians; the first, especially from being that of a case of traumatic stricture of the urethra, as it presents, in reality, an example of cure (obtained after the employment of three sittings) of a case that had before resisted all the means employed and was regarded as incurable. In these two clinical histories it is seen that electrolysis may perfectly supplant internal urethrotomy, in cases of complete obliteration of the canal of the urethra, or in impassable strictures, by means of the galvanic cautery, without the conductor of Mallez. Dr. Jardin followed the process of his master in giving entrance by means of the conducting sound of his instrument, which he subsequently applied, thus effecting the cure of an affection considered incurable, by means of the old processes. In such cases by having recourse to electrolysis, seeing that its employment cannot result in any accident, we avoid unnecessary cutting of the urethra. This advantage is owing to the employment of the instrument of Mallez. We have also seen that though employing, at the commencement of his experiments, the galvanic cautery without a conductor, he mentions the possibility of the application of the conducting sound, which he afterwards omits, giving his reasons for so doing; but we again find him using electrolysis with a conductor, as we have seen in the case of the Colonel. This shows us that practice is a great book of study, from which we may imbibe in large drafts, aided by the light of logic and of critical judgment, all the notions complementary to any idea whatever.

We may now compare the observation of Verneuil, published in No. 48 of the *Gazette des Hôpitaux*, 1884, relative to the accidents consecu-

tive to external urethrotomy, with that of Jardin, which we have before given. "Three weeks ago, more or less," writes Verneuil, "I made repeated attempts to penetrate into the canal of the urethra of one of my patients who had an impassable stricture. In consequence of this there was a slight urethritis with some febrile disturbance and some glandular swellings. We let his urethra alone, and after some days, by means of emollients and resolvents, all these symptoms ceased, satisfying us that in this relation all was ended. Now, if on this side it was necessary to wait a certain time in order to avoid any relapse, on the other side interference became urgent, and external urethrotomy must be practised. Four days after we proceeded with the operation, without a conductor. The perineum was found in a good state; there was no fistula; I penetrated into the urethra, and then, introducing a catheter, I opened the canal with the thermo-cautery in front of the stricture; I then tried to reach the bladder. During half an hour I made various attempts in vain, and I was forced to stop. Moreover, there was no inconvenience in this, as patients usually urinate on the next day through the perineum, and in a few weeks, by means of this fistula, a sound is conducted into the bladder and the operation is completed in another sitting. I had believed that my interference would not be followed by accidents; unfortunately I had not taken into account the wound; the introduction, several times, of the sound, provoked reproduction of the urethritis; there was an auto-inoculation; the lymphatics became again inflamed; the glands were engorged, a double inguinal adenitis resulted, and the lymphangitis extended to the scrotum. How was the auto-inoculation produced? It was due to the little microscopic erosions, which favor the inoculation all the more the less they are. Some are of the size of vaccine pricks, and their success is in proportion to the insignificance of the injury. The wound in the perineum, made by the instruments, is not the cause of this lymphangitis; the cut is perfectly healthy, whilst at the same time the erosions of the passage which appear only accessory, are, on the contrary, the true cause. Whatever may be the state of my patient, it occurs to me he will not succumb; but, in the event of death, it ought to be imputed to some insignificant erosion of the canal, caused by the introduction of the catheter. It is hence to be inferred, that when