

one of three or four millimetres in diameter, after a treatment of two to six days. Permanent dilatation then acts rapidly.

A slight difficulty may present itself: when we have introduced a bougie with a certain friction, always not exaggerated, you will feel it sometimes grasped very strongly, and even after some time, during the first hours, the stricture augments, and the patient cannot urinate on his bougie during a certain delay. It is, in fact, that in all, whatever may be the limit of time, the canal closes upon the bougie. But the same evening the bougie becomes clear again, and even "it is gay;" it plays in the canal; the patient has emptied more or less completely his bladder without your having done anything else than the introduction of the bougie, the urine being discharged between the bougie and the wall of the urethra.

To complete the result obtained, may we continue the permanent dilatation? We can, and do. When we have arrived at a certain degree of dilatation, we replace the bougie by a sound, No. 12 (about 4 millimetres); then some days after we introduce sounds of a larger calibre.

We have also tried to profit by the primitive dilatation—to pass successively in a single session a series of bougies. But this is no longer permanent dilatation. This was the process Dupuytren ordinarily employed. Now, if it gives results so rapid, why is it not employed daily? It is not without reason. This abatement is due to the fact that the results are not durable, but they are at times very useful. Thus, in a man who had a stricture, and in whom we had broken a sound in his bladder, I was able to pass quickly from a No. 11, to which he had been reduced for about twenty years, to No 21, which permitted me to introduce a lithotrite and extract the foreign body. I had engaged the patient to try and preserve this dilatation, but in a few days the canal returned to the calibre of No. 11, and remained there.

We also utilize this process to make a man urinate, who has retention, when we cannot introduce a sound.

Civiale remarked that nothing is more common than to see strictures treated by sounds *à demeure*, reproduce themselves in a very short

time. That which has also caused permanent dilatation to be given up is the grave accidents which have sometimes accompanied it. At all times they are not imputable to the process itself, but to the manner in which it has been put in practice.

Dupuytren called "mechanical" the dilatation which we are going to study, that which acts especially on the canal; but he recognized that it was far from being absolutely mechanical; there is no necessity for filling the whole stricture. But is there a particular influence, a very peculiar work, which determines a true softening? When we introduce a sound *à demeure*, we feel the penile strictures form hard nuclei like the beads of a rosary. Now, after a very short sojourn of the sound *à demeure*, these hard nuclei spread themselves out, soften, and disappear. There is an abundant secretion. This disengorgement, is it the cause which has brought the softening? They are evidently inflammatory phenomena, analogous to those that we ordinarily observe in irritative and inflammatory actions; but there are some cases in which something else than these modifications of the tissue has been produced, and in which there has been effected a veritable destruction of the elements and ulceration, so that a certain mode of dilatation has been called ulcerative dilatation. This is what Hunter wished when he pushed with force upon the entrance of the stricture. This method is destructive rather than modificatory; for we have seen, in some unfortunate cases followed by death, that the stricture was really destroyed. We had then acted contrary to the spirit of the method. This ulceration has been able to give good results, but the limits have often been surpassed, and the *corpus spongiosum* itself been reached, as Voilemier cites three facts of it in which the opening of the *corpus cavernosum* was followed by mortal phlebitis.

It is this mechanical mode of dilatation which justifies all the evil which is spoken of dilatation. A person one day or another falls into the grave fault of forcing the dilatation; that is why the second portion of the treatment—the substitution of sounds for the bougies—has been abandoned. Wrong has been done in criticising too closely the sound *à demeure*; if it never leans