

a physiological labour, destined to gradually modify the properties of the morbid tissue.

There are three great processes of dilatation : permanent, temporary, and rapid dilatation.

Permanent dilatation is not the treatment most in use, but it is that which throws most light upon the modificatory action of the instrument introduced into the urethra. This process is that also which in appearance gives the most brilliant results. It consists in the prolonged sojourn in the urethra of a dilating instrument. Note well what I say : in the urethra, and not in the stricture alone ; for we may make use of permanent dilatation by leaving the instrument in contact with the entrance of the stricture, without having passed it, or with the whole extent of the stricture after having passed it.

To dilate strictures we make use of bougies and sounds. They ought to be olivary and conical. The bougies are particularly suitable in the cases in which we leave the extremity of the instrument supported against the entrance of the stricture. Though this should not be a process of choice—for when we can pass the stricture, we ought to profit by the resources of a first success—it must not, however, be disdained. More than once you will not be able to pass a stricture, and you ought to use this artifice.

To put in practice this *cathétérisme appuyé*, which does perfectly well in certain cases, and which at times gives a total or partial evacuation of the bladder in subjects who could not urinate before, there are two different methods.

One leans on the anterior part of the stricture with pressure or without pressure. Hunter and Dupuytren first did the "*catheterisme appuyé*" with pressure ; however, you ought always in my opinion to push only moderately, to avoid the ulcerations and the perforations of the canal too often produced by the catheterism according to the process of Hunter. Always in fixing the sound applied against the stricture, you will watch that the contact of the extremity of the sound with the entrance of the stricture is well established. It is necessary that this contact should be well assured, and that it be prolonged. Dupuytren most often left the sound twenty-four hours even when the sound was fixed in a

pronounced tension. What we ought to seek is not a manœuvre of force, but a modificatory process. What takes place, in fact, when a bougie is in contact with the stricture that it cannot pass ? This stricture often becomes easily passable after the *cathétérisme appuyé* ; it even admits instruments relatively large. Many theories have been imagined to explain this phenomenon. Desault, Chopin, and then Dupuytren, have called this treatment by dilatation "*vital*," a process which did not act, according to them, on the whole canal, as in "mechanical" dilatation ; but here, under the influence of contact, the spasm ceased and gave rise to a more or less abundant secretion of mucus and even of pus, which brought on a disengorgement of the walls of the urethra, and consequently the enlargement of the stricture.

To this theory it ought to be objected that in certain cases the *cathétérisme appuyé* acts very rapidly, and that we cannot invoke, in order to explain the result, a disengorgement which has not had time to operate. Dupuytren explained it, then, by the disappearance of the contraction.

Civiale, who has also made great use of the *cathétérisme appuyé* to prepare for the penetration of other instruments, thought the contact blunted the sensibility and caused the contractions and the spasm of the canal to cease.

All this is disputable, but the theory matters little to us. Let us hold to the clinical facts, to the consequences of a manœuvre well made and well conducted ; later we will seek for an explanation of it. Remark always, that from this action of simple contact it results that often there is no need of a mechanical action upon the stricture to obtain its dilatation.

Let us now occupy ourselves with the mode of employment of this permanent dilatation. It is well recommended to place in the stricture a bougie which may not fit too close ; it is necessary that it should almost play in the stricture. It ought scarcely to be in contact with the wall, though skimming over its surface. You will see every day, in fact, patients with strictures thus treated with a free bougie, draw from it great advantages ; in two days a stricture which allowed bougies to pass of only one or two millimetres, quickly admit