indigestion, or to a diarrhœa from irritation of the mucous surface, each of which would require some special interference. These sequelæ were exceptional, but in no case did the serous discharge occur.

It was noted, likewise, that this treatment necessitated very little interference with the usual diet of the child. It would be nearer the exact fact to say that no interference was required. In the majority of cases the discharges were so promptly checked that an indigestion did not occur.

It was further noted that the calcium salt had no appreciable effect on any one of the other forms of intestinal flux, whether lienteric or inflammatory. The serous diarrhœa alone seemed to be amenable to this drug. Each of the other forms required special treatment.

An additional fact was noted, that the vomiting accompanying these diarrhœas was controlled so soon as the medicine began to show its effect on the discharges.

The following prescriptions contain five-grain doses of the salicylates :—

℞.—Acid salicylic..... gr. xxx.
Cretæ precip. ..... gr. x.
Syrupi..... ..... ʒii.
Aquæ ..... ʒxiv.
M. Two teaspoonfuls every 2 to 4 hours.

℞.—Acid salicylic..... ..... gr. xxvi.
Bismuth teroxid..... gr. xiv.
Tr. hyoscyami..... ʒi.
Syrupi ..... ʒii.
Aquæ ..... ʒxiii.
M. Two teaspoonfuls every 2 to 4 hours.

The form in which I have used the calcium salt would be represented in a formal prescription thus :

℞.—Acid salicylic.. ..... gr. xxii.
Cretæ preparat. ..... gr. viii.
Misce accurate.

Divide in chart. No. vi. (gr. v.), vel. No. x. (gr. iii.)

Sig. one every 2 to 4 hours.

I found the calcium salt so effective that I abandoned the bismuth salt mainly to avoid the discolouration of the discharges due to the bismuth. I did not find that the bismuth acted any more effectually than the calcium in controlling the vomiting.—*Advance Sheets of King's County Proceedings.*

Surgery.

TREATMENT OF STRICTURES OF THE URETHRA—PERMANENT DILATATION.

BY M. GUYON.

[Translated for the CANADIAN JOURNAL OF MEDICAL SCIENCE.]

The end which we propose to ourselves in the treatment of strictures of the urethra, is to re-establish the normal canal of the urethra. Now, we ought first to ask if we are able to obtain such a result. To this question I answer immediately, No. We can restore the normal calibre of the urethra only in a relative and temporary manner—we can never obtain a perfect and definitive cure. But this does not signify that we cannot render immense services.

The pathological tissue which constitutes the stricture is such that it is extremely retractile. Treatment does not exhaust this capital and pathological property of this tissue. This retractile tissue forms an integral part of the wall of the canal. This wall must be modified, then, and not destroyed, as is the object of certain treatments of strictures. What we ought to seek is to "modify" this wall. To arrive at this, and to restore to it its width, it has been sought to render the canal gradually extensible, or even it has been forcibly distended, either by tearing it or by incising it. We find, then, amongst the different methods, *dilatation, divulsion*, and *urethrotomy.*

You have already seen the considerable value of dilatation. It constitutes a method which allows us to arrive at the treatment of the stricture without destroying it—it is a method essentially modificatory, which by the fact that it neutralizes the retractile properties of the stricture, ought to be the base of the treatment of strictures.

This theoretical view is in fact confirmed by practice. It is by dilatation that we can cure the greatest number of urethral strictures. Divulsion would not be efficacious if we had not still to complete it by the benefits of dilatation, the sole method which modifies the tissue of the stricture and brings it back towards its normal condition.

Dilatation.—Dilatation is an operation whose object is to provoke in the tissue of the stricture