

either useless or dangerous. It is useless if, in order to perform it, there be a necessity to pass a sound, or a grooved staff, into the contracted part of the canal, since a hollow catheter could be applied there in the same manner."

So highly did Desault estimate the importance of having once reached the bladder, that he invented a mode by which the instrument could be replaced without danger or risk. He continues (at p. 271):—"These catheters, affording a passage to the urine, may remain a long time in their place, and the canal being enlarged by their habitual presence, permits them to be renewed easily. Besides, if we fear finding some difficulty in passing the second catheter, it would be easy to obviate this inconvenience by making use of catheters open at both ends; we should introduce the first by means of a stilet with a button, and before changing it, we should furnish it with a stilet about two feet long, which should be pushed some lines into the bladder; then we should withdraw the catheter upon the stilet, which must be left in its place, upon which we may thus conduct a new catheter without trouble, and with safety. Desault once had recourse to this expedient for a patient who could not succeed in introducing the catheter himself, and who made false passages almost every time that he attempted it. This method succeeded so completely that Desault proposed to have catheters constructed with which he might often put it in practice." The very beautiful instruments lately brought before the notice of the profession by Mr. Wakely, and figured in the *Lancet* for March 22, 1851, forcibly brought this quotation to my recollection.

Mr. Syme comes to the conclusion that his operation is preferable to dilatation, "as affording relief more speedily, permanently, and safely." The first is denied in the case which I have detailed, where everything was most untoward and unpromising for dilatation; the second assumption is met by the case which I have alluded to, of three years immunity from return of annoyance; while Mr. Syme's cures have been criticised and doubted by many. As to the "safety" of Mr. Syme's operation, it has not been so successful in other hands. Mr. Wade says—"I witnessed the performance of

this operation by a gentleman who, if report speak truly, is quite as dexterous an operator as Professor Syme. No operation could be more skilfully performed, and what was the result? The death of the patient fifteen days after he had been cut." Again, it has proved fatal in London, and last of all in Edinburgh. The case recently published by Mr. Mackenzie must arrest the attention of every surgeon. Where the operation was performed with great dexterity, and admittedly so by all—where the minute points of medical treatment were so carefully enforced—where the patient had the advantage of Mr. Syme's observation from day to day; and lastly, where transfusion was employed to avert death, yet the termination was fatal!

No doubt there are some desperate cases in which the urethra may be laid open as a *dernier resort*, but I never can believe it to be an operation of safety, even though recommended by so eminent a surgeon as Mr. Syme.—*Dublin Medical Press.*

*Case of Permanent Stricture of the Œsophagus.* By PAUL F. EVE, M. D., of Augusta, Ga.—During the course of lectures in the University of Louisville, Ky., I was invited by Prof. Rogers to see, with him, a case of *dysphagia constricta*, which had been under his care for a few weeks. The patient was a mulatto boy, aged 3 years, who, some four months previously, had swallowed, through inadvertence, a portion of caustic potash. In its deliquescent state he had taken it for candy. The act was immediately followed by alarming symptoms, but which unfortunately were attempted to be combated exclusively by domestic remedies.

When Dr. Rogers first saw the case, the dysphagia was so great that fluids could with difficulty be swallowed; and a bougie was now at once arrested in the œsophagus by an apparently permanent stricture. Various attempts were subsequently made to reach the stomach, but without success. We were not certain that any nourishment ever entered it. The patient's constant cry was for water, which he would swallow down to the obstruction, retain it a few minutes, and then reject it from his mouth. He rapidly emaciated. Ice-cream, milk, and water, beef tea, &c., were recom-