

passed with the greatest ease into the bladder, and, as a precaution-measure, he was directed to pass it every morning, and allow it to remain in the passage for a few minutes. Eight years have elapsed since the operation; he is now in the enjoyment of robust health, the father of a family, and the urethra as free from contraction as it ever was.

The foregoing case will probably be read with interest at the present time, in consequence of the warm discussion which is going on between some of the leading Surgeons in Great Britain, respecting the mode of treatment that should be adopted in those long standing and intractable cases of stricture, formerly called "impermeable," but now surnamed "impassable."

Professor Syme, of Edinburgh, strongly advocates the cure of stricture by external incision, giving as his reasons, that the operation is unattended by any danger; that strictures of the utmost obstinacy may be, thus, speedily removed, and that the relief afforded is more permanent than that which is obtained in any other way; and in proof thereof, states, that he has operated on thirty-eight cases "without any fatal result." At the same time, he somewhat boastingly denies the impermeability of the urethra in any case, and considers as an unwarrantable proceeding the division of a stricture at the point of the catheter.

On the other hand, Professors Fergusson and Lizars denounce, as unjustifiable, the cutting of any patient for stricture when an instrument can be already passed into the bladder, unless the patient be either in danger, or urgently demands the operation himself. In speaking of this subject, Mr. Fergusson, after stating the opportunities he has had of observing with accuracy and care the effects of the treatment of stricture by perineal section, says, "We are now fully impressed with the conviction that neither the one doctrine, that strictures ought never to be cut, nor the other, that perineal section is frequently necessary, and should be unsparingly carried into practice,—is either correct or safe to act upon. We have seen several cases in which the patient was brought into such a state of misery and danger, and the difficulties in the ordinary treatment were such, that it was found absolutely necessary to resort to the perineal section; and the operation has been followed by such excellent results, that any Surgeon who could call such practice unwarrantable would either show great prejudice or want of experience.

"On the other hand, again, we have seen death resulting from the division of the urethra, even in cases where there has been but little difficulty in the operation; and this has happened in instances where it was by no means absolutely necessary to perform perineal section. In one case death resulted ten days after the operation had been performed, when even a moderate sized catheter could