

every means to pass an instrument, and have failed. The patient becomes more and more troubled, and an operation is indicated to save or prolong life. What is the best kind of operation to select? There are three operations open to us. First, we have the puncture of the bladder through the rectum, which is the favourite procedure in this country. Next, we have Syme's operation for impermeable urethra. And, lastly, we have the old French operation called "la boutonnière," which, I believe, is but little known in this country, except Leeds. I will now state my objections to the first two. Those surgeons who resort to tapping the bladder through the rectum do so on the ground that if they divert all the urine from the natural channel, and allow it to flow in another, they thereby give the urethra a rest, the irritation and inflammation will subside, and in about a month or six weeks they will be enabled, by the rest they have afforded the urethra, to pass an instrument, and cure the patient by gradual dilatation. Now, there are no less than four grave objections to this operation. In the first place, the operation can only be employed in those cases where there is no enlargement of the prostate; secondly, the surgeon may fail to pass an instrument through the stricture even after the six weeks' rest, the patient being obliged all the time to wear a tube up his rectum; thirdly, it is stated that this operation is often the cause of a serious, because intractable, ulceration of the rectum; and, lastly, this operation may leave a fistula not curable except by operative procedures. Syme's operation for impermeable urethra is open to the gravest of all objections—it involves a laceration of the urethra, and I should decline to perform it. If the teachings of surgery and pathology are worth anything, they tell us that the very worst form of contraction follows a laceration of the urethra; and it matters not whether the laceration be the result of accident or caused by the surgeon, the result is similar, it differs only in degree. Again, Syme's operation necessitates the use of a fistula, and if there be none such the operation is not applicable.

Now for a few words regarding that grand old French operation, "la boutonnière," compared with which lithotomy is but child's play. It is but little known in England, and, so far as I know, it is in Leeds only that it is appreciated. The great advantage it possesses is that it attacks the disease at its seat and cures it, so far as any stricture can be cured. It is a rational operation, and is specially indicated. It is not a dangerous operation, and is not so difficult of execution as is supposed, for the portion of the urethra behind the stricture is always greatly distended, so that a dissection through the perineum for a depth of one inch and a half will nearly always be sufficient. Formerly I used metal instruments with which to perform this operation; now, however, I have simplified matters, and employ only a knife and a large olivary elastic catheter. My first object is to get into the bladder from the perineum. Having made my incision down the penile urethra, I pass the catheter into the wound, and with great gentleness endeavour to

insinuate it into the membranous urethra. I have never failed to effect my object. Afterwards I pass the same catheter as far as it will go, and then by cutting on its point I liberate it and pass it into the wound, from whence I conduct it along; the tip of my left forefinger into the bladder. I now never leave a catheter in the bladder, but content myself with passing it every other day at first, and twice a week after the first month. At the expiration of two months it will suffice to introduce the catheter once a week, and at a later period still less frequently. For some time after the operation all the urine comes by the wound, but it usually heals without any trouble. The great advantages which this operation possesses over all others is that it attacks the disease at its seat and does not injure any healthy part; it gives a free vent for all abscesses, and, by restoring the urethral canal, it finally cures both stricture and fistula. In the whole range of surgery there exists not an operation which can render such signal services to the sufferer.

HOMŒOPATHIC PILULES.

We (*Practitioner, Arg.*) have received from Mr. Frederick Ross (Ross and Leath, Vere street, Cavendish Square) a protest against our analysis of his (and other) homœopathic pilules, or rather against some of the conclusions we drew from them. He tells us, what we confess we did not know, that the pilules do not contain one-hundredth, one-thousandth, and so on, of a grain of the drug itself (e. g. belladonna or nux vomica), but are moistened each with one-hundredth, one-thousandth, &c., of a drop of a mother tincture which itself contains ten per cent of the drug. In our innocence we certainly had imagined that all "first dilutions" contained one-hundredth part, and all "second dilutions" one-thousandth part, of the particular drug itself. Consequently we were not a little astonished to find, in the pilules of these dilutions, made by druggists of high respectability, no traces of the alkaloids, even by the finest chemical tests. It now appears more certain than ever that the whole of the supposed therapeutic effects, even of the first and second dilution pilules, must be the work of the imagination. No one who is not a mere advocate will seriously pretend that a dose of one-thousandth of a grain of belladonna, representing 000000.3 gr. atropine, will produce any real physical effect on the organism. We are very pleased to think that the effect of our published analysis has been to bring into prominence the monstrous character of the assumptions involved in the belief that any homœopathic pilules whatever can produce a true therapeutic effect. But it makes it more difficult than ever to imagine what can be the state of mind of those men who can calmly allege that the 200th centesimal dilution of such a dose—a dose which already eludes the most subtle chemical analysis—is also truly effective upon the body. Such men really exist, even in considerable numbers, especially in America; and we should like to know how Dr. Sharp, or any other of the higher intelligences among the homœopaths, explains the fact.

MEDICAL CHIT-CHAT.

The Use of Sickness.—"My old nurse, Mrs. Patrick O'Toole, was a woman of logical mind. I was very sick once, and the doctor left me an atrociously bitter drug, which I rather declined taking. But Mrs. O'Toole carried the day. 'It's the doctor's orders,' cried the good lady; 'and if you don't go by the doctor's orders it aint no use for you to be sick at all.' I swallowed the doctor's scruples as well as my own."

Windfalls for Doctors.—We are told in "The Romance of Medicine" that the curiosities of medical life and practice are endless. "If we hear very often of medical men doing arduous work for scanty remuneration, sometimes there is an agreeable obverse of receiving very splendid remuneration for very scanty services. We know of a medical man whose duty it is to take lunch every day at a great castle belonging to a noble lord. The household is immense, and there is just the chance that there may be some case of indisposition demanding attention. He gets some of the best company and best lunches in England, and duly charges a guinea for each attendance. There is a very wealthy man near a great city who can not bear to be left for the night. There is a physician of great ability who drives out of town nightly to see him at his residence. He is consequently debarred evening society, and if he goes out to dinner he has to leave his friends before wine. He has to charge his patient a thousand a year, and I think he works hard for his money. Sometimes the services are such that money can not repay them. A friend of mine, a young medicus, has a standing engagement of four hundred a year to look after the health of an old lady. She required to be inspected three times a day, and made an exhibition of tongue and pulse. What made the matters aggravating was that she was as strong as a horse, while the doctor was a delicate man. She was so selfish and perverse that he was obliged to tell her that he would have nothing to do with her case. Similarly, I know the son of a rich man who proposed to pay a clergyman several hundred pounds a year for leave to spend his evenings with him. The parson, however, was obliged to tell his rich friend that he talked such intolerable twaddle that he could not accept his company on any terms that could be named. But the oddest arrangement is the following: A medical man has been attending a patient several years, and yet he has never seen his patient. The gentleman firmly believes that he has an œsophagus of peculiar construction, and that he is accordingly liable at any moment to be choked. That help may be at hand whenever any sudden emergency may occur, he has a physician in the house night and day. The physician, being human, must needs take his walks abroad, and it becomes necessary to provide a substitute for him two hours a day. Accordingly a doctor attends daily from twelve to two, fills up his time by disposing of an admirable lunch, and finds the gold and silver coin, in their usual happy combination, neatly put by the side of his plate, in tissue paper. Up to the present date he has never had the pleasure of exchanging words with his interesting patient."