Two other cases, equally severe, have occurred to me; both recovered. I therefore must dissent from Mr. Erichsen's opinion, that cases such as he has alluded to "are hopeless alike, whether they are left or subjected to the knife."

A DESCRIPTION OF THE "SONDE À VIS PORTANT UN CONDUCTEUR".

By W. F. TEEVAN, B.A., F.R.C.S., Surgeon to the West London Hospital, etc.

THIS useful instrument, unknown, I believe, in this country, but used by Mr. Stokes of Dublin, and by American surgeons, was introduced into practice many years ago by M. le Docteur Ch. Phillips of Paris; and when I mention that that gentleman was sent for by M. Nélaton when he was unable to pass an instrument, and that he succeeded where the great master of surgery had failed, I think it will be deemed unnecessary for me to say much for an instrument coming from such an authority. The *sonde à vis portant un conducteur* is, as its name expresses, composed of two parts—a flexible bougie and an elastic catheter. The bougie tapers away at one end to a fine line, whilst its other extremity (A) enlarges to about the size of No. 2, and is fitted with a screw, which works into a socket on the vesical end of the catheter (B). The ends (C and D) of the bougie and catheter are screwed together like the bamboo rods used by the chimney-sweeps. The bougie is first passed into the bladder, and the catheter is screwed on to it, and then pushed slowly into the bladder, causing the whole of the bougie to enter that viscus, where its great flexibility allows it to coil up and remain quietly, without the patient being aware of its presence till the catheter has effected its object of drawing off the urine. The entire instrument is then withdrawn, or the catheter can be unscrewed to leave the bougie *in situ*, to serve as a guide for the next occasion, or to dilate the stricture.

The instrument is most useful. Firstly, for those cases of enlarged prostate and tumours of the bladder where the urethra is so tortuous that no ordinary catheter can be passed. The slender bougie can be wriggled in first, and so guide on the catheter. Secondly, for cases of stricture where the difficulty arises not so much from the tightness of the stricture as the deformity of the canal (Delpsch). Thirdly, for the performance of internal urethrotomy in the deeper portions of the urethra. When the *sonde à vis* has demonstrated that the bougie is in the bladder, it can be unfastened from the latter, which is then screwed on to the urethrotome to conduct it into the organ.

ON THE ESSENTIALS FOR EFFICIENT SANITARY WORK IN RURAL DISTRICTS.

By FRANCIS T. BOND, M.D., B.A. Lond.,
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THE success of sanitary, as of all other work, depends, in a large degree, upon its being commenced upon a proper basis. To lay an unsatisfactory foundation for the edifice of sanitary reform is attended by a double disadvantage; not only is the building itself insecure, and at all times untrustworthy, but the mere inertia of the materials which are piled upon it may prevent its subsequent reconstruction, except with an amount of difficulty which would be practically prohibitory. Even if the medical officer of health has himself the courage, after making a false start, to "try back" and to adopt a new plan of action, his Authority, and its other officials, are pretty sure to offer opposition either of an active or passive kind. Hence, it behoves him, for both his own satisfaction and protection, to decide carefully at the outset what scheme of organisation he will adopt with the view of enabling him to make himself thoroughly well acquainted with the sanitary state of his district, and to exercise that supervision over the steps that may be necessary for its improvement, which it is his interest, no less than his duty, to maintain.

There is one condition which is essential to the organisation of all sanitary work, and that is an efficient sanitary survey. Without such a survey, the knowledge of the medical officer of health can be neither exact, comprehensive, nor trustworthy. Without it, neither he nor the Authority can know what is the general state of the district, either at the outset, or at any subsequent period of their operations; and the advice which he may give to that body is always liable to be upset by the dogmatic assertions of prejudiced opponents, for want of being founded upon the solid basis of statistical facts. I am led the more strongly to insist upon the importance of a point which I should have thought self-evident to every intelligent person who has a real wish to forward the cause of sanitary improvement, because I know of cases in which considerable opposition has been made to the institution of a detailed sanitary survey by persons of intelligence, and even of reputation as authorities on sanitary matters, on the ground that it was superfluous and inquisitorial. Any person who maintains this position is evidently ignorant of the very elements of sanitary work. I will say nothing of the opposition which is occasionally offered to a survey by those who do not profess to be either acquainted with or interested in sanitary improvements. Such opposition is to be expected, and, where met with, may be taken as a good criterion of the difficulties which may be afterwards experienced in the more arduous work of rectifying sanitary defects. The readiness with which a Sanitary Authority adopts a recommendation by its medical officer of health for a detailed sanitary survey of the district, and with which the inspector proceeds to carry it out, is the best touchstone of the zeal with which both will support the further course of action which should follow upon the completion of the survey. I will now proceed to discuss the features which it appears to me important that the survey should embrace, and the method of proceeding which should be adopted by the medical officer of health in dealing with them. My opinions are founded upon the experience of a large district,* as well as upon that of other medical officers of health with whom I have communicated.

I think it desirable to express a very strong opinion at the outset upon the expediency of keeping the details of the sanitary survey quite distinct from those of the action taken in dealing with nuisances; and I do so because, in certain forms which have been largely circulated amongst Sanitary Authorities, the two are jumbled up together in a way which shows entire want of practical experience on the part of those by whom they have been drawn up, and which cannot fail to lead to inextricable confusion in attempting to use them as a complete record for either purpose. The sanitary survey is, and should be, only a record of facts, for the information of the Sanitary Authority and of the medical officer of health. In addition to it, there should be a distinct form for the registration of nuisances. Such a form will be a record of action on the part of the Sanitary Authority, the medical officer of health, or the inspector of nuisances, and to attempt to combine the two can only lead to carrying out neither of them satisfactorily.

The following are the provisions for information which the sanitary survey should include. I will take them in their order, each being supposed to be represented by a column of appropriate width.

1. *Consecutive Numbering*—from one upwards.
2. *Cross-reference to Record of Nuisances*, so that it may be seen at a glance whether any nuisance which the survey indicates as existing on the premises has been transferred by the inspector to the record, with the view of its being dealt with.
3. *Date of Inspection*.
4. *Situation and Description of Premises*.
5. *Names of Occupier and Owner*.
6. *Number of Rooms and Inmates*, with subdivisions for enumeration of living-rooms, sleeping-rooms, and inmates. In this column, the inspector should indicate whether the occupants consist of more than one family, or not, by adding to the number of the inmates (2, 3, 4, etc.), and, in case of lodgers, by appending (1, 2, 3, etc.). Where he has reason to consider that overcrowding exists, he should give the cubic capacity of each room, and the number of persons sleeping in each bedroom. It is of no practical importance that he should do so in other cases, and only involves unnecessary trouble. It is well that the inspector should sum up the total of each column at its bottom, carrying the totals on from page to page; this gives him very little labour at the time, and will save a good deal to the medical officer afterwards.
7. *Nature, Situation, and Condition of Closet-accommodation*.—These three items will include all that it is necessary to know under this head. Under "nature" will be stated whether it is a common privy, with open or covered cesspool, an earth-closet, or a water-closet; under "situation," whether inside the house or out, and, if the latter, at what

* I believe that my district is almost the largest in the kingdom, consisting of fourteen Sanitary Authorities, with a population of 130,000, and extending over 450,000 acres.