dence and *post mortem* examination. Let it not be said that this capacity in the judge for taking the place of his own witness was a gain to the public. I hold it to be entirely the contrary. He acquired the capacity by a special education, which of itself guarantees that he shall not possess the knowledge of law required for the due discharge of his function, and this ignorance of law he has no power of supplementing by calling, in ordinary cases at least, a legal adviser, and hence gross and irremediable mistakes and omissions frequently occur. The position of a medical coroner must often, I should suppose, be as uncomfortable as it is undignified. Having obtained it by an expensive election and, perhaps, a servile canvass, he finds the remuneration too small for a sole source of income, and has, therefore, to make its duties fit in with the toils and anxieties of private practice; and he is also restrained in the inquiries he may think it necessary to make by objections, on the score of expense, made by an irresponsible authority to whom the circumstances are unknown. The position of these gentlemen as well as the interests of society have been, I should suppose, damaged by the change made, in late years, in their mode of remuneration. It was surely better for society that the coroner should be tempted by the fees and mileage to hold or adjourn an inquest unnecessarily than that he should, by the exigencies of his private practice and his fixed salary, be led to suppress or hurry over an important inquiry.

While writing this paper, I have seen the letter of Mr. Serjeant Cox, quoted in our JOURNAL of the 22nd ult., and it seems to me full of important suggestions. The difficulty as to the appointment of coroners which perplexes the learned serjeant would perhaps be lessened if the local government of the country were vested in such county boards as were suggested in the able paper read by Mr. Michael before the united conference of our own Association and the Social Science Congress in May last.

MAY STRICTURE OF THE URETHRA BE HEREDITARY?

By MARCUS ALLEN, L.R.C.P.Ed., Surgeon R.N.

THE pathology and treatment of stricture of the urethra, even in the dawn of his art and science, greatly exercised the mind of the surgeon; and, in our own day, the writings of Thompson, the researches of Otis, and the labours of Hill prove that the interest of the profession in the question is neither dead nor sleeping. Less frequently in the etiology of surgical, perhaps, than of medical maladies, has the hereditary influence been sought for or recognised in investigating the causation of disease, and in neither of these great branches of the profession does our knowledge approach to completion of the various disorders that may be transmitted by descent. To enumerate here the several causes of stricture of the urethra, generally admitted by those who have made its phenomena a special study, would be foreign to the scope and object of the present paper. Suffice it, then, to say that congenital predisposition approaches most closely to the point for which I am contending.

Several years ago, I occasionally met, in the ordinary relations of social life, an elderly gentleman, who was then under treatment for irritability of the bladder, and who was also afflicted with stricture of the urethra and enlargement of the prostate gland. In addition to possessing a highly educated mind, he had acquired no inconsiderable knowledge of medicine as an amateur student when an undergraduate at the University, and the vesical affection was attributed by him to the effects on his nervous system of a severe crushing sustained many years before in the gallery of the House of Commons, and aggravated at a later period by an unexpected domestic bereavement; but the stricture of the urethra he considered to be hereditary. On inquiring his grounds for this opinion, he informed me that his father had succumbed to an operation for retention of urine necessitated by an organic stricture, and that he believed his grandfather had also been the subject of some affection of the urinary system—most probably a stricture. The father of my friend had in early life been engaged in practice as a doctor of medicine; subsequently, he succeeded to the family property, after which he followed the usual avocations of a country gentleman. At an exceptionally early age, he had contracted marriage, and there was not (so far as I could learn) the slightest suspicion that he had been in any degree accessory before the fact. The argument appeared to me to be the reverse of untenable, more especially as I knew the son of my friend to be the subject of a similar affection, for which he was unable to assign a cause, except that the disease was hereditary. The medical history of the representative of the fourth generation is briefly as follows. In childhood, he had suffered from nocturnal incontinence;

in boyhood, the incontinence of urine ceased, and he formed the habit of urinating twice in the course of the night; and, at the age of 14, he was for the first time discovered to be the subject of stricture of the urethra. Frequent call to micturate was the symptom which led to this discovery; riding had not been his favourite exercise, and no exciting cause could be named for developing the congenital predisposition, if merely a predisposition had existed from his birth.

My elderly friend has since died. The surgeon who signed the certificate of death stated that it resulted from stricture of the urethra; and, as his son was unable to give me any fuller information respecting his great-grandfather's health than that he believed him to have been subject to "some affection of the urinary system, most probably a stricture", I recently applied to a gentleman (still living at an advanced age, with all his faculties unimpaired), who can remember the family for four generations, but, unhappily, he is unable to elucidate the point.

REMARKS.—The statement "probably a stricture", referring to the representative of the first generation and coming from a grandson, must necessarily be received with a large amount of reservation, and I lay no further stress upon it than merely as affording presumptive evidence of disease of the urinary system. We have, however, a clear history of the malady in three successive generations. The nature of the disease in the second and third cases of the series was certified to respectively by surgeons of acknowledged ability; and, in addition to neither patient being particularly attached to equestrian exercise, it is worthy of note that neither of them was an officer in the army or navy; in the former service the "military seat" in cavalry regiments being a fertile source of originating as well as aggravating the disorder; and, in the latter service, duty aloft frequently leading to organic disease of the urethral canal (and in the gun-boats of which the practice of instrumentation as a remedial measure is virtually impossible), but were persons moving in the higher circles of home society, with every opportunity of following the instructions of the first surgical opinion of the day. The representative of the fourth generation is now alive, and has trained himself to catheterism at regular intervals, and the question suggests itself how far the incontinence of urine in childhood was a posterior effect, the result of a congenital hereditary stricture of the urethra. "Some sins of parents are visited as diseases upon the children until the third and fourth generation", writes the gifted author of *Diseases of Modern Life*; "but there are other visitations, also descending through many generations, which are due, not to the sins, but to the misfortunes or accidents of those in whom they originated and from whom they have descended." It may be that the remarkable series of cases which forms the basis of these remarks constitutes the proverbial exception essential to establishing the rule that stricture of the urethra is *not* transmissible by descent, or it may be that hereditary proclivities have become more intimately interwoven with the complex fabric of our modern civilisation. Strongly opposed, however, to dogmatism, the writer will have attained his object if he shall succeed in directing the attention of the profession to a possible obscure factor of this disorder as yet unrecognised by the schools.

CASE OF ANEURISM OF THE ABDOMINAL AORTA.

By JOHN C. LUCAS, L.R.C.S.Ed.,

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PRIVATE Manoo Pavab, aged 39, having twenty years' service, gives the following account of his case. He enjoyed excellent health until about eight years ago. When serving with the regiment, then stationed at Dharwar, in the Deccan, he first began to feel the sensation not unlike that from the pricking of pins and needles in his stomach (pointing to the epigastric region); this was attended at the time with vomiting directly after meals. He has frequently been admitted and readmitted under the care of the various medical officers who have since been in charge of the regiment.

In July last, he was admitted under my care, and, after a stay of twenty days, was discharged, with the recommendation for light duty and to be exempted from parade and musketry. He again presented himself for admission on August 8th, complaining of pain in the belly and vomiting, etc. On inquiry and cross-questioning, no sort of traumatic history could be elicited. The man, however, stated that his father died rather suddenly, after ailing for some time from similar symptoms.

The patient is an intelligent sepoy, about five feet seven and a