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Clinical Observations.

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III.—CONGENITAL STRICTURE OF THE URETHRA.

THE following case may be deemed not unworthy of relation, as it seems by itself sufficient to establish five points of consequence in the pathology and treatment of stricture. These are: 1. That the disease may be congenital; 2. That dilatation, however carefully and continuously employed, may fail to afford more than partial and temporary relief; 3. That incisions which do not extend through the whole length and thickness of the contracted part may also prove ineffectual; 4. That fistula in perinæo results from an abscess caused by irritation of the urethra, and not from ulceration taking place behind the stricture; and 5. That a free division may remedy the most aggravated and obstinate form of stricture.

W. D., aged 22, was admitted into the hospital on the 6th of August last. He stated that from his earliest recollection great pain and difficulty had been experienced in making water; so that, when at the age of six years he went to an infant school, the other children made faces at him while straining for this purpose. In the following year, on account of complete retention, his mother took him to Dr. Duncan, who relieved him by introducing a catheter, and afterwards passed instruments in order to dilate the canal; but with no permanent advantage, as micturition continued to be laborious, and became complicated with incontinence of urine, which kept his clothes wet both day and night. After this, and still later, during his apprenticeship to a baker, notwithstanding the use of such domestic palliatives as "gin and nitr e," he frequently suffered from retention, and required the introduction of instruments.

In 1857, tiring of such a miserable life, he enlisted in the military service of the East India Company, and passed his medical examination satisfactorily; which is worthy of notice, as shewing how serious a defect may escape detection, notwithstanding all the careful rules laid down for this purpose. His mother then made several attempts to purchase a discharge, without success; and he, finding her so unwilling that he should be a soldier, quietly took a passage to Australia. On arriving at Melbourne, through the introductions carried with him, he obtained immediate employment at high wages, and would have been very comfortable but from the tor-

ment of his infirmity, which constantly kept his clothes wet, while the want of a mother's care and the hot weather rendered them so offensive that he was repeatedly obliged to change his place of employment by the complaints of the other workmen. At the end of eighteen months, he repaired to the "diggings"; and there worked at his trade until an attack of rheumatism, affecting his shoulders, made him return to Melbourne; where, not being able to bake, he got some light employment in driving a cart; but, before long, found it necessary to enter the hospital on account of what was supposed to be ague, although most probably merely the constitutional disturbance caused by his local disease. When about to be discharged "cured" from the medical wards, he had an attack of complete retention, and narrowly escaped an operation, as the instruments had been sent for, when the surgeon succeeded in passing a small catheter, which was retained in the bladder for a week. Soon after its removal, a collection of matter formed in the perinæum, and, when opened, was found to contain merely purulent fluid, without any urine, which, a day or two subsequently, began to flow through the wound. A succession of catheters increased in size was then employed permanently for six or seven weeks; and the patient was dismissed cured, but in the course of a few days experienced his old difficulty in passing urine, which also soon began again to issue from the perinæum. Now regarding his case as hopeless, he became anxious to return home; and, learning that the breaking up of the East Indian army enabled him to do so with safety, he took his passage for Liverpool by way of Bombay, where, suffering extremely from his disorder, he was offered by the captain an introduction to the hospital, but declined it from unwillingness, not unnatural under the circumstances, to land on the Indian shore.

On examination, I found that most of his urine passed by the perinæal opening; and that anterior to the scrotum, about two inches and a half from the orifice of the urethra, there was a very tight stricture, which would not allow the smallest bougie to pass, and only admitted with difficulty a slender probe, of which the point was considerably smaller than that of one in ordinary use. At the seat of contraction, the urethra was thickened so as to form an oval shaped swelling, of the size of an almond, and of firm consistence, similar to that which usually attends resilient or unyielding strictures in the anterior part of the canal, but of more than ordinary extent. From the indication of obstinacy thus afforded, together with its history, I concluded that the case did not admit of benefit from any attempt at dilatation, and therefore resolved to divide the part by a free incision. With this view, I employed the slender instrument that had been passed through the stricture, and which, gradually enlarging from the point backwards, carried a groove on its thicker part.

Into this I inserted the point of a knife below the urethral thickening, and pushed it forwards, so, as I thought, to effect complete division of the stricture. Instruments of moderate size were then passed into the bladder, shewing that there was no other obstruction in the canal; but not with the perfect facility and freedom usual after such an operation. I trusted that what remained of the stricture would yield to dilatation, and was no less sorry than surprised to find that little improvement resulted from what had been done, as the urine did not issue with more freedom from the orifice of the urethra, and continued to escape not only by the fistulous opening in the perinæum, but also by the small opening which I had made.

On September 6th, feeling that the urethra was thickened at each extremity of the incision, I again introduced a director, and pushed the knife along its groove in both directions. No decided change was thus produced; and, notwithstanding the continued use of bougies, which still encountered difficulties in their introduction, the state of matters appeared so unpromising that I began to fear there must be an obstacle to recovery in some other part of the urinary organs. But, before abandoning the case as hopeless, I resolved to try the effect of cutting through the whole constricted part of the canal in such a way as would more certainly ensure its complete division; and, therefore, instead of pushing the knife along the groove against the thickened texture, which by its toughness might elude the edge, however keen, I introduced the blade between the integuments and the urethra, so as to enter the stricture beyond the anterior extremity of the part concerned, and then cut downwards, so as to penetrate with certainty through the whole extent of induration. A full sized catheter was then introduced, and retained three days.

This was done on October 29th; and produced a very different result from those of the two previous operations. The urine soon resumed its proper course; the fistulous openings closed; and instruments of the full size passed without the slightest difficulty or feeling of constriction. At the end of a month, the patient was in every respect perfectly well, and left the hospital without the slightest trace of his life-long misery.

Of the points which this case illustrates, the one most important in a practical view is the risk of failure which it indicates from the tough texture being pushed aside instead of freely cut by the knife. It seems not improbable that many results of the operation may thus have been rendered unsatisfactory; and I would therefore suggest that the method adopted in the circumstances just related should be always employed. For this purpose, the groove of the director should extend about an inch into the thick part; and I have had the instrument made so accordingly.

VARNISH TO PREVENT RUST IN IRON AND STEEL. M. A. Vogel, in *Répertoire de Pharm.*, suggests that the oxidation of steel and iron instruments is very perfectly prevented by coating them with a varnish made by dissolving one part of white wax in fifteen parts of benzine, and applying it by means of a brush. The very thin layer of wax forms a perfect covering for bright instruments, and, when needed, is easily removed. (*Amer. Jour. Phar.*)

General Remarks ON THE PRACTICE OF MEDICINE.

BY

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IX.—TREATMENT.

Distinction between the Proper and Common Elements of Disease. All Treatment conformable to this Distinction and Illustrative of it. Small-Pox Scarlatina. Measles.

A GENERAL outline has been given of what Treatment is; shewing it at work within its own sphere, which is a pretty large one, and upon its own objects, which are numerous enough; and how from among all the things within its reach and power to deal with, it seeks and finds the fittest to become practical indications, and then actually dealing with them produces great results.

But some of these objects are worth a nearer inspection, if we would understand how all good Treatment falls in with the nature of disease pathologically. Besides, remedies have been spoken of as the "great analysers of disease" (Art. 7). But how so? Verily in the sense of testing and discerning the elements of which disease consists, even its *vital* elements, or the things comprised in the doings and sufferings of those who are the subjects of disease, while they are yet alive. All this, for the sake of its importance, let us now consider a little carefully, and try to explain it, relying upon the plainest and commonest matters of fact as we go along.

It may be doubted whether the theories of clever men have not done more harm to the practice of medicine than all the mere blunders of the ignorant put together. At all events, purely speculative conclusions about the nature of diseases have heretofore done quite enough in confusing and misleading practice to make us cautious by this time, how we receive and trust what comes to us in the same questionable shape.

But pathology has its general facts nevertheless: that living pathology, I mean, which is the physician's concern and study, as he sees and watches and ministers to disease, and all that belongs to it, in living men. *This* pathology contains facts of high generalisation. And if among them there be any which point to practice, it were a pity to pass them by and not follow them in the direction to which they point. For ultimately they may stand for practical principles.

The distinction between the *proper* and the *common* elements of disease is a fact of this kind. It is plain and unmistakable enough in certain conspicuous instances. And these may be taken advantage of to introduce and explain the general truth, which pathological research seems in the way of verifying by new instances continually.

And, first, for the *proper* elements of disease. *Proper* to what? *Proper* to the disease itself in its own nature, and distinguishable from whatever else may attach to it in this, that, and the other living body wherein the disease is found.