comfort of that portion of our fellow-countrymen who, for a while "the world forgetting," feel that in this case at least, they are not "by the world forgot."

IV. *The Pathology and Treatment of Stricture of the Urethra and Urinary Fistulæ.* By Henry Thompson, F.R.C.S. Second Edition. London, 1858.

ON the appearance of the first edition of this work, we brought it under the notice of our readers, and expressed a very favourable opinion as to the manner in which the author had executed the task which he had undertaken. Accepted by the council of the Royal College of Surgeons as the essay entitled to the Jacksonian prize, it was published according to the conditions attached to the competition, without any alterations such as might be suggested by additional investigation or larger experience. A call for a new edition, however, having arisen, the author now embraces the opportunity of making some modifications both in his opinions and practice. In doing so he has felt himself under the necessity of re-writing and extending considerably several portions of the work, comprising chiefly the chapters on dilatation, on internal and external incisions, and on urinary fistulæ. He has, moreover, introduced many new woodcuts, as well as added to the different sections of the work a number of illustrative cases, principally from his own practice. In effecting these changes he has more than maintained his reputation as a sound observer, an impartial critic, and an accomplished surgeon, and succeeded in making his work not only an admirable guide to practice, but the authority *par excellence* on all the subjects of which it treats. Farther than this general expression of our opinion, however, our limits will not allow us to do more than direct the attention of our readers to some of the author's views on the great *quæstio vexata* of external urethrotomy, as derived from his own experience, in addition to that of others.

Strong objections to the performance of this operation have been founded on the dangers which have been alleged to attend it. Mr. Thompson has collected the experience of thirty operators as obtained from 219 cases, fifteen of which died. Of these—

"Nine were unquestionably due to pyæmia. Among the other cases, in four, death occurred within short periods of the operation, viz., from one to six days, apparently from prostration or shock, as it is termed, but in reality, perhaps, from a cause about to be discussed, urethral fever and suppressed urine. In one of these cases only, aged 67 years, was there any hæmorrhage; but in all four there was organic disease, generally extensive, of the kidneys and bladder. In another case death occurred from peritonitis, produced by the partial penetration of the inlying catheter through the coats of the bladder, this viscus having been kept perfectly empty. In consequence it is not chargeable to the operation, although mentioned here. In the last case death was attributed to exhaustion from

hæmorrhage permitted to continue unchecked. The sum total then of fourteen or fifteen deaths, including every casualty, affords a rate of mortality of about six per cent. as the past experience of the operation. It is well worthy of notice that by far the larger proportion of the deaths occurred among the earlier cases, before the present results of observation and improved methods had been obtained. No one can deny that this is a small proportion; smaller certainly than has sometimes been stated or rather surmised by those who have spoken on the ground of 'impressions,' and not from the data which a large experience and a laborious inquiry alone can afford."

The urethral fever is described by Mr. Thompson as follows:—

"Its chief symptoms are rigors followed by sweats, prostration, small and rapid pulse, bilious vomiting, perhaps delirium, and sometimes suppression of urine, and generally succeeding to the passage of urine through a urethra which has been lacerated, cut, or otherwise injured. This state, which is liable to be manifested after any operative proceeding on the urethra, from the passing of a bougie upwards, frequently appears during the first week subsequent to the operation under discussion, usually on the third or fourth day. Generally speaking, it passes off in eighteen or thirty-six hours, without treatment, or with the aid of opium, stimulants, and heat externally applied. But in by far the majority of cases, according to my experience, the last named symptom, viz., suppression of urine, is absent. When this is manifested also, the danger is much greater; indeed it is very considerable. It appears to me not improbable that these symptoms arise from a small quantity of urine becoming injected into the erectile tissue of the *corpus cavernosum* when lacerated or incised, perhaps mingling with blood there, and becoming absorbed; that they commonly subside, the urinary elements being eliminated by the healthy kidneys; but that where organic renal disease has pre-existed, the excretory function becomes suspended, and a fatal result generally follows with rapidity."

As to hæmorrhage, our author remarks:—

"No impartial observer will hesitate to conclude that the occurrence of a certain amount of hæmorrhage, say, a few ounces, may be reckoned upon as an occasional, although it appears to be certainly an exceptional result of the operation. I am bound to say that dangerous or protracted bleedings are *never* the necessary result of the operation in question, and cannot in fairness be charged to it."

As respects urinary infiltration, he has never seen nor heard of its occurrence, except to a very slight and superficial extent.

In regard to the ultimate effects of the operation, he finds that in a few cases it has failed to afford any relief; that in a second class of cases, it has been followed by a relapse, which is due, according to Mr. Syme, to incomplete division of the strictured portion of the urethra, to too speedy union between the margins of the wound, or to the patient continuing to indulge in those excesses to which the first occurrence of the disease has, in many cases, to be attributed; while, in a third class, there is a considerable experience to show that in many cases a permanent cure has resulted, and, in most, a considerable improvement.

As to the kind of cases for which the operation is adapted, it is to be confined to strictures of extreme irritability, or with a strong tendency to contraction, incapable of relief by dilatation, an addi-

tional indication for its performance being the existence of fistulæ. Care, however, must be taken not to operate in cases of advanced renal disease, or in aged and worn-out constitutions, for whom palliative treatment is more safely employed.

Before concluding, we cannot refrain from expressing our surprise that in the table of 219 cases referred to above, we do not find those of the originator of the operation. On this point our author says:—

“I am not able to present Mr. Syme's own practice; the cases here referred to are solely those of other surgeons. Up to the number of seventy, Mr. Syme recorded his experience, and without a fatal instance; since that time he has ceased to do so. I only know that he has now met with a small proportion of deaths, but not possessing the exact numbers, his cases do not appear here.”

Now, if we are left to the inference that Mr. Syme was asked for the results of his experience, and could not or would not give them, we have only to remark that, in our opinion, he is not consulting the interests of his reputation. We believe his operation to be in certain cases an admirable one, and have no other desire than that of seeing it placed beyond the assaults of cavillers. At the same time, we think it due to the profession at large that he should without delay condescend upon a full and explicit statement of his failures as well as successes.

NOTES ON BOOKS.

WE have received the new edition of Dr. Neligan's well-known work on Medicines. It would be superfluous to speak now of the merits of the book, as these have been so highly appreciated by the profession as to call for no less than five editions. But we may state, that the present one contains much novel matter, and may be regarded as a complete manual of the modern *materia medica*.

Dr. Samuel G. Wilmot of Dublin has published a “Treatise on Stricture.” Of all surgical subjects, this seems to be the favourite theme of authors. Dr. Wilmot's book is essentially a practical one, and is written with great clearness and perspicuity. We concur generally with the author in the views which he propounds, and more especially agree with him in the estimate which he has formed of Mr. Syme's operation. The tone in which he discusses this and other controversial points connected with the treatment of stricture, contrasts very favourably with that adopted by the majority of writers on the subject. We can strongly recommend Dr. Wilmot's book as a sound guide to the surgery of stricture.