ON THE
VALUE OF THE "BOUGIE CONDUCTRICE"
IN THE TREATMENT OF NARROW
STRICTURES OF THE URETHRA.

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A FEW weeks ago Mr. Savory made some remarks upon the general clinical aspect of urethral stricture, and his allusion to the superaddition of spasm is a point as undeniable as it is liable to be overlooked.

With regard to the extensive employment of the recumbent posture, as a substitute for operative measures, I have no experience, and see little prospect of ever having it; for I am sure that in the majority of instances, especially those occurring in private practice, this cannot be even attempted. There are many men suffering from stricture, even of narrow dimensions, who find the malady inconvenient enough to wish it away, and who will gladly submit to anything that shall not confine them to the house for more than a week or so, but who would go on fighting with the stricture, unaided by surgery, to the detriment of bladder and kidneys perhaps, rather than suffer prolonged recumbency. They have not the leisure for it, to say nothing of strong disinclination.

It becomes, then, advisable to quickly dilate the urethra if possible, and the results of practice are eminently satisfactory, provided an occasional catheter be subsequently passed.

The instruments employed for divulsion have been brought to a high state of development both in simplicity and mechanical efficiency, and the dilator of Mr. Berkeley Hill is, in my opinion, the simplest and the best of these.

As to urethrotomes, those commonly used in England are not fine enough for immediate passage through a stricture

less than the size of a No. 4 catheter—the urethra must be previously prepared by soaking in a fine catheter or bougie for a day,—so Mr. Hill has had constructed an ingenious urethrotome, which can, it seems, be employed in the tightest cases.

I wish to draw attention to the urethrotome of M. Maisonneuve, which has been in use, I am told, about eleven years, which is much simpler than that of Mr. Hill, which I find remarkably efficient and easy to work, adapted for the narrowest strictures, and which I think far the best urethrotome I have ever seen or heard of. It costs 16 francs. This instrument is best here explained by a drawing.

The sound (a) is of steel, hollow, split along the upper surface, and the size of a No. 2 catheter. The knife (b), of which I have two sizes, attached to a thin flexible arm of steel, which bends as it slides along the concavity of the sound, cuts in advancing and receding, but only along its slopes, not at the free apex, which is knobbed and very blunt, blunt enough to leave uninjured the healthy part of

the urethra. The lash-like appendage (c) is a filiform bougie, fitted with a female screw at one end for attachment to a male screw at the tip of the sound.

The bougie is first passed, its size being that of an English No. $\frac{1}{2}$ or less; then the sound is screwed on to it, and pushed *after* it, the bougie coiling up in the bladder. The knife is then run down the sound and withdrawn, the sound and bougie being pulled out next. The operation is easy, rapid, and successful, and produces neither more pain nor more bleeding than does "divulsion."

The "bougie conductrice" is used in Paris with a variety of urethrotomes and dilators; and could be adapted to Mr. Hill's dilator easily, if wished for; in any case, a small metal cap covering the screw at the tip of the sound when the bougie is not used.

The advantage of this fine appendage is that when once the filiform bougie is passed, the surgeon has only to screw to it the sound of a dilator or urethrotome, which will then be safely piloted into the bladder, and the stricture may be immediately divulsed or incised.

I have only employed Maisonneuve's urethrotome in five cases hitherto (not having long possessed the instrument); thrice with, and twice without, the bougie. All except one required urethrotomy, the stricture being in the penile portion; but in this one the stricture was behind the penile portion, and the split sound of Mr. Hill's dilator could not be passed, while a "bougie filiforme" went easily, and so the operation was concluded with Maisonneuve's urethrotome, as I have not had the dilator fitted for bougies.

The details of my cases are not given, nothing occurring but what is ordinary. None of the patients were in bed more than a week, and some might well have been less; while one, a ship's officer, was up in two days, and out daily after five days, feeling quite well and urinating in comfort. The strictures were very small in size and of some years' duration, and varied from one to three in number in each patient. Following Mr. Hill's practice, I never tie in a catheter after uncomplicated divulsion or internal incision, nor have I had reason to regret the omission.

In cases, then, requiring rapid dilatation, I should say, "incise *all, if you like*, with Maisonneuve's urethrotome; for some divulsion *may* be used with equal but not greater advantage."

Liverpool.

A Mirror
OF

HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

A SERIES OF CASES OF COMPOUND FRACTURES, SUCCESSFULLY TREATED ON CONSERVATIVE PRINCIPLES.

(Under the care of Mr. CALLENDER.)

THIS week we are able to publish only two of the four cases of compound fracture which were recently simultaneously under treatment in Harley ward. In three of the cases the injuries were so severe that at first the question of amputation was raised. Fortunately, it was decided that an attempt should be made to save the limbs, and in each instance success followed. If it can be shown that such results may reasonably be expected in all similar cases, and that in these instances the successful issues were not chiefly due to the operation of accidental favourable circumstances, it would appear that a great blow has been dealt to the opponents of large surgical hospitals. It is only just to remark that this series of cases may be taken as representing the average success which Mr. Callender has obtained for a long time past.

For the notes of the following cases we are indebted to Mr. E. Jepson, house-surgeon.

Compound fracture of the entire lower third of the humerus extending into the elbow-joint.—On May 3rd, as David M—, aged thirty-two, was engaged in taking down some piping from outside a house, he lost his hold and fell from a height