and upon inquiry whether she had any return of her complaint, she answered, "Very trifling."

The utility of bleeding and arsenic in cases of lepra and psoriasis, attended with increased vascular action, does not rest alone on the testimony of the writer. In Dr. Green's "Compendium of Diseases of the Skin," there are two severe cases of lepra detailed. Both patients were treated first by bleeding, then by arsenic; and although medicated baths were used, there is nothing in the notes of the cases which would lead a wholly unbiassed mind to the conclusion, that the baths afforded any essential assistance in the cure. In both cases they aggravated the disease until the circulation was quieted by depletion; and when they were borne afterwards with impunity, "little progress had been made in the cure" until a second bleeding was had recourse to. And, even after this, there was no very satisfactory advance, until the arsenical course had been persisted in for a sufficient time to affect the constitution. These observations apply with at least equal force to Dr. Green's cases of psoriasis, of which he relates two. The first appears to have got well under bleeding and arsenic, the medicated bathing having previously been tried in vain; the second case (that of a lady) improved very strikingly under bleeding and purging; but Dr. Green candidly expresses his doubts as to the permanency of the cure, although she had taken thirty-six sulphur fume baths. But then, she took no arsenic. These cases are really full of instruction, and well worthy of study; and the profession is indebted to Dr. Green, not only for the spirit and enterprise he has shown in carrying out the French mode of treatment by vapour, hot air, and sulphur fume baths, but for a much higher boon to the interests of science—viz., the accuracy and truthfulness which adorn the narration of his cases.

Herne Bay, Jan. 1846.

(To be continued.)

AN IMPROVED MODEL BOUGIE FOR EXAMINING THE URETHRA IN STRICTURES.

By THOMAS BALMAN, Esq., Surgeon, Liverpool.

VARIOUS instruments have been recommended from time to time to aid the surgeon in forming an accurate diagnosis of stricture of the urethra.

The "sonde exploratrice," devised by Ducamp for taking a correct model of the diseased part, is likely to lead us into error, and to put the patient to much inconvenience, owing to the extreme softness of the materials of which it is composed. If, for example, a tight stricture is situated immediately anterior to the bulb, and this instrument is passed down to take its impression, the probability is, that the point, in place of entering the stricture, will become twisted and bent, or, what is still more likely, leave some of the composition behind, either of which circumstances must lead to some difficulty in withdrawing it without forcibly stretching the canal: for similar reasons, this instrument is altogether unsuitable for resisting any temporary spasmodic contraction of the muscles surrounding the canal, so that an impression left on the bougie from this cause might lead the operator to suppose that there is a stricture when none exists, or convey an erroneous idea of its character, when the urethra is in reality the seat of some morbid contraction. Sir C. Bell long ago recommended the use of silver ball-probes, in order to ascertain the extent of a stricture; and more recently, MM. Amussat and Segalas have introduced more complicated instruments, but similar in principle, and possessing no advantages over the ball-probe, to show the existence of a stricture in its commencing or rudimentary state, when it is likely to escape detection by ordinary methods: neither of these instruments, I believe, are at present used, owing to the exquisite pain which they invariably produce, their liability to induce spasm, or become entangled in the mucous lining and follicles of the urethra. The same objections are applicable to the simple canula suggested by Mr. Arnott and Ducamp, for facilitating the passage of a bougie, or any other instrument, in bad cases of stricture.

To avoid the necessity of having recourse to any of these instruments, and the still more mischievous practices of those who endeavour to compete with this disease *vi et armis*, in direct opposition to the solemn injunctions of Hunter, and most distinguished surgeons since his time, I have to submit to the notice of the profession a modification of the common wax bougie, as represented in the accompanying diagram.

On passing this instrument down to the seat of stricture, the square body at its extra-vesical extremity, serving as a handle for its introduction, may likewise be supposed to correspond with four imaginary lines in the urethra, (say as the seat of the disease.) In withdrawing it carefully, I note the relations of the bougie with the urethra by the figures 1, 2, 3, 4, printed on the index; and supposing, for example, the centre of the bougie is found moulded equally at the point by the strictured orifice, it is obvious that the aperture is situated in the centre of the diseased part, and that the point of an instrument ought to be carried in a corresponding direction on its approaching the stricture; but supposing the impression be on one side only, by keeping in mind the relations which the impression bears to one of the surfaces or figures represented by the index, we shall know precisely the side of the canal at which the aperture is situated, and thus be enabled to give the instrument or bougie to be afterwards introduced the requisite curve, that its point may be so directed as to correspond exactly with the opening in the stricture.

In recommending this instrument, which is intended to simplify and improve our diagnosis of a disease which often baffles the ingenuity of our best surgeons, I trust that it may, in some degree, tend to remove some of the difficulties which beset the operator in his endeavour to pass instruments into the bladder, and still more assist those who, utterly regardless as to the form and situation of the disease, burrow and tunnel the walls of the urethra, to the discredit of themselves and to the irreparable injury of the patient.

This instrument is made by, and can be obtained from, Mr. Coxeter, of Grafton Street East, London.

Oxford-street, Liverpool, January, 1846.

REVIEWS.

The Nature and Treatment of Cancer. By WALTER HAYLE WALSH, M.D. London: Taylor & Walton, 1846. pp. 590.

THIS treatise is divided into two parts, the first of which treats of "cancer in general," the second of "cancer of particular parts." In the present notice we shall confine ourselves to the consideration of the first division, reserving our estimate of the work, as a whole, till we have placed before our readers the principal points which it contains.

The introduction is given to the nosological position of the disease, and to the significations of the term cancer. The genealogy (so to speak) of cancer, is traced with great care and precision. The two primary groups of disease are the dynamic or purely functional; and the organic, or those involving changes of structure. Beginning with the organic, these are divided into those affecting the animal forms, and those implicating the animal textures. Textural diseases, again, are divisible into those involving some *change* in the normal elements, and those in which some *new* and adventitious product is developed. Adventitious products resolve themselves into those which are *physiologically inorganic*, as calculi, and those *physiologically organic*. Products *physiologically organic*, include those produced directly from the nutritious matter of the blood, which may be termed *blastemal formations*, as originating from a structureless fluid, and those which may be termed *parasitical*, as springing from germs. The cell-structure is the characteristic of *blastemal formations*. The cells generated may be inapt for the maintenance of life, when they may be called *evanescent*, constituting deposits: they may have the power of generating new cells possessing generative force previously to their own destruction, in which case they may be termed *non-permanent*, and the formations they produce, growths; or, thirdly, they may possess the faculty of transformation into tissue resembling the natural structures, in which state they permanently remain, this variety being *persistent* and constituting the order of pseudo-tissues.

Growths, the second of these orders, are divided by Dr. Walshe into those which accumulate in certain parts of the body, and in proportion to their increase, push aside the healthy structures; and those which, while they act in this manner, tend also to spread amongst the elementary