process of tapping, similar to the impervious apron which is commonly applied in these operations to the skin of the abdomen, I apprehend that by the prevention of the escape of fluid into the abdominal cavity, we should obviate a risk against which we have at present no infallible remedy.

ROYAL SOUTHERN HOSPITAL, LIVERPOOL.

CASES OF STRICTURE OF THE URETHRA, WITH COMPLICATIONS; REMARKS.

(Under the care of Mr. PAUL.)

THE cases of stricture of the urethra which we publish are of interest, each of them being complicated and requiring special treatment. Wheelhouse's operation, which was performed in one case, was described by him in 1876; but, as Mr. Paul observes, it is not necessary to use the special instruments then brought forward, success being equally obtained with instruments which are in almost daily use.

CASE 1. Old Stricture; Perineal Abscess; Urinary Fistula, becoming epitheliomatous.—Josiah C—, aged fifty-four, a seaman, had suffered many years from stricture (he says thirty), but had never been treated for it. He sought admission on account of a perineal abscess. Under ether the abscess was opened, the stricture divided, and a full-sized gum-elastic catheter passed and tied in. On the third day the catheter came out and was not reintroduced, a Lister's bougie being passed daily instead. At the end of two months he was discharged almost well, but warned to attend as an out-patient for some time to get the bougie passed, as the stricture showed a strong tendency to contract again. He was an extremely nervous man, and once out of the hospital had not the pluck to continue treatment, the result being that in the course of a few months he had another urinary abscess worse than the first. He kept away from the hospital until he found that he was getting in a very bad way, when he returned in the following condition: the scrotum and the whole of the perineum and neighbouring parts were brawny and tender. Just behind the former was a ragged, foul-smelling sore, eating deeply into the perineum along the tract of the original fistula. Its edges were hard and epitheliomatous in appearance, and upon scraping the surface of the sore the characteristic "nest cells" were found in abundance. The disease was too far advanced to permit of any attempt at removal, and came to a fatal end in about three months, the actual cause of death being cellulitis. At the post-mortem the growth was found to be limited to the perineum and neighbouring glands, involving all the parts down to the arch of the pubis and spreading freely into the scrotum. The prostate and bladder were quite free.

Remarks by Mr. PAUL.—I believe that this is a very rare sequence to a urinary fistula, and it is very unfortunate that there were no means by which the exact origin of the epithelioma could be determined. It is difficult to distinguish microscopically epithelioma of the bladder from epithelioma of the skin, and the same holds good with the urethra. The whole case lasted only ten months. When first seen, the skin of the perineum was unbroken, it was quite free from growth two months later, and then, at the end of another five months, was the site of a large and very deep epithelioma. Under these circumstances, I inclined to the opinion that the growth commenced in the urethra, and was excited by the prolonged stricture; just as simple syphilitic stricture of the oesophagus sometimes ends in epithelioma of that structure.

CASE 2. Stricture; Cystitis; Wheelhouse's Operation.—James P—, aged thirty-four, had gonorrhoea when a lad and had suffered from stricture for the last sixteen years. He had often been under treatment at the various hospitals in the town, but had never had anything larger than a No. 6 or 7 passed, except on one occasion when Mr. Harrison ruptured the stricture with Holt's dilator. After this he learnt to pass a catheter for himself, but had only used the smaller sizes, and came to the hospital, as he could get nothing more in and was scarcely able to pass his urine. On admission, he was in good general health. There was a cartilaginous stricture in the perineum which would just admit the smallest soft bougie. The urine was foul and contained a quantity of mucus. At the end of three days no dilatation had been effected with catheterism, and the bladder symptoms were becoming more urgent; Wheelhouse's operation was therefore performed at once. The patient was placed in the lithotomy position, and a long silver probe passed

down to the stricture. An incision was then made on to the end of the probe, which was pushed out of the wound and bent into a hook. The sides of the urethra were held open with artery forceps, a grooved probe insinuated through the stricture, which was divided, and the probe passed on into the bladder. It was now quite easy to pass a full-sized Lister's bougie from the penis to the bladder; so the patient was sent back to bed without having a catheter tied in. At the end of a week the urine was quite clear and all irritation of the bladder had ceased; so, instead of the daily passage of a bougie, a large gum-elastic catheter was tied in. While the catheter was kept in all the urine came by it, and the wound healed rapidly. It was removed in ten days, and the patient taught to pass a No. 12 Lister's bougie, and discharged a few days later. Altogether he was in the hospital only from Jan. 12th to Feb. 7th.

Remarks by Mr. PAUL.—I send this straightforward case for publication because I have so often felt the advantage of an early operation of this nature in stricture cases, and because I often notice that my surgical friends, while they laud the method advocated by Mr. Wheelhouse very rarely seem to adopt it. In the hands of specialists internal operations upon the urethra are much in vogue; at present I have never either split or divided internally a stricture, except in the penis, preferring in all cases where an operation is necessary to do perineal section. I think it is a pity that Mr. Wheelhouse recommends special instruments for his operation, as it is quite as easy to do it with those always at hand; and, with all due deference to his opinion, I do not find his sound and gorget of any material assistance, while their absence might influence some to attempt a different method of giving the necessary relief to the patient. In this case a catheter was not tied in at once on account of the cystitis; and at the conclusion of the treatment I adopted my usual practice of teaching the patient to pass a large metal sound for himself. It is the only permanent cure for most strictures, though but few, of the hospital class at any rate, are wise enough to adopt it.

CASE 3. Stricture; Retention; False Passage; Relieved by Puncture per Rectum.—James F—, aged twenty-seven, had gonorrhoea some years ago, but passed urine in a full stream until about twelve months back, when he had his first attack of retention of urine after a drinking bout. Since then, under similar circumstances, he has had three or four more attacks of retention, and at the same time the stream of urine has been steadily diminishing in volume during the intervals. On Feb. 2nd he was drinking, and on the morning of the 3rd was again attacked with sudden and complete retention. Relief had been attempted by catheter, and he bled profusely, but no urine was drawn off. He was admitted with the bladder moderately distended in the afternoon, and was in great pain. A metal catheter was passed into the urethra, but opposite the bulb left it for a false passage, and on withdrawing the instrument he at once strained away about an ounce of blood. Under these circumstances a morphia injection was given, and he was ordered to have a hot bath shortly, to be followed by hot fomentations to the abdomen, and further morphia if necessary. In the evening, though the treatment had given some relief, not a drop of urine had been passed, and it was therefore deemed advisable to puncture per rectum. The next day he was perfectly comfortable, and the urine was draining freely through the cannula.

On the 5th, after plugging the tube, he was able to pass urine by the penis, and it was consequently withdrawn.

6th.—Had a rigor, with nausea, headache, and diarrhoea. Temperature 104°. Ordered five grains of quinine every four hours.

7th.—Temperature fell below 100°, and became normal in a few days. The quinine was stopped on the 9th.

12th.—Soft bougies passed. No. 3 was the first to be gripped by the stricture, which was dilated to No. 6.

24th.—The patient was discharged with the stricture fully dilated.

Remarks by Mr. PAUL.—In a case of this kind, I think the choice lay simply between aspiration of the bladder and puncture per rectum. I chose the latter entirely on account of the false passage. In acute retention, when, though the urethra is uninjured, no instrument can be passed, aspiration is called for, and will almost invariably not have to be repeated, since the relief afforded by it, together with other suitable treatment, will permit the swelling and spasm of the urethra to subside, and in the course of twelve

hours either the patient will have passed urine naturally, or it will be possible to introduce a catheter. But when a false passage is present, and it is extremely inadvisable to interfere with the urethra for at least a week or ten days, the better plan is certainly to adopt puncture per rectum, and retain the cannula *in situ* until the power to micturate has returned. The pyrexial attack on the 6th I believe to have been due to some urine filtering into the false passage and permitting septic absorption, as no instrument was passed until the 12th, and no trouble of any kind appeared in connexion with the rectal puncture. I am a strong advocate for early operation in all cases of obstruction to the outflow of urine, when that obstruction cannot be easily overcome by catheterism. We ought to remember that the kidneys are the only part of the urinary tract of vital importance, and, sooner than permit their structure to be damaged, a clean incision should always be made into the urethra or bladder, as the case may require. Sadly too often, while we are wasting time over a cartilaginous stricture with small bougies, pyelitis is grafted on to cystitis, and suppurative nephritis may develop at any moment, and show too late the danger of delay.

Medical Societies.

THE ABERNETHIAN SOCIETY.

SIR JAMES PAGET ON ST. BARTHOLOMEW'S HOSPITAL AND SCHOOL.

A SPECIAL meeting of the above Society took place on Monday, June 8th, Mr. W. T. H. Spicer, President, in the chair.

Sir JAMES PAGET, Bart., gave an address on "St. Bartholomew's Hospital and School fifty years ago." A large number of the members were present, together with about 120 of the nursing staff, who were invited as guests. Sir James Paget began by describing first the exterior of the hospital, saying how much more classical it was in appearance than now, and how all the four blocks which surround the square were then connected together by arches or gateways, which led into the neighbouring streets. A great improvement had taken place since then in that the square was now much quieter, for then it was almost as noisy inside as outside, where a cattle fair was held every week. In fact, it was a public thoroughfare. In some respects it was more rural, for attached to the vicar's house was a garden in which a mulberry tree flourished, and of which the vicar was very proud. Dr. Hughes was accustomed to say that he had heard the nightingale singing there. He (Sir James Paget) then went on to speak about the school buildings, and showed what great alterations had taken place lately, and how entirely changed was the whole locality. The operating theatre was what is now called Sitwell Ward. In the neighbourhood was a students' club situated over a baker's shop; here the students were accustomed to congregate and spend a good deal of their time in playing cards. He next spoke of the teaching, and mentioned how the majority of students had been apprenticed to general practitioners for three or four years before coming up to the hospital. Here they spent about eighteen months, which was quite sufficient time for them to obtain a very fair knowledge of medicine, considering the time they had already been at it. There was then only one examination at the College of Surgeons for the diploma. This consisted of about twenty-five minutes' *viva voce* before a number of the Fellows, all of whom sat at the same table. The teaching was entirely by lectures, the most eloquent of which were those given by Sir William Lawrence. Mr. Stanley used to lecture on Anatomy. This lecturer was remarkable not so much for the minute details as for the comic manner in which he delivered them, and for the curious so-called "tips" which he gave to the students to help them to remember their work. Dr. Hume, senior physician, lectured on Chemistry, which included Light, Heat, and Electricity; and, in addition, on Botany, Medicine, and *Materia Medica*: seven different subjects. He mentioned this in order to show how impossible it would be, in the present advanced state of these sciences, for any physician to teach properly so many subjects. There was very little clinical teaching; in fact, at this time the school was in a rapid state of decay as far as the teaching was concerned. With regard

to the hospital staff, Sir James Paget said that the quality was excellent, but that the number was much smaller than it is now. There were three physicians and three surgeons; each had an assistant. In addition to this there was an apothecary. The junior staff consisted of one house-surgeon and five dressers to each surgeon. The house-surgeons lived together over King Henry VIII.'s gateway, facing Smithfield Market. The dressers were appointed from six to twelve months. There were no special departments, such as the ophthalmic, aural, and orthopædic departments. The great treatment at that time was bleeding, and he remarked that it would be difficult to say in what cases bleeding was not used. To everything which was acute bleeding was applied. It was used as a means of producing muscular relaxation, and was also used as an anæsthetic. Twelve to thirteen ounces of blood were frequently extracted from a man before a dislocation was reduced. Yet, notwithstanding, it was very rare for any mischief to arise from this practice. The large majority of patients recovered from the loss of blood, and in certain diseases he had no doubt a number of people benefited by it. Mercury and sarsaparilla were the only remedies used for syphilis at that time. Potassium iodide was just being introduced by Dr. Robert Williams, and was only commencing to gain reputation. Sir James Paget then went on to say that he thought diagnosis should be the future study of students to a much more minute extent than it was even now, and they should notice how the personal character of a patient influenced the disease, and also the action of the drug. He next referred to the surgical operations of the day, and remarked that not only was the number smaller, but the method of operating also differed greatly. Swiftmess, simplicity, and brilliancy were the chief qualities of a good surgeon. These were essentially necessary, as they might very well understand if they remembered that anæsthetics at this time did not exist. For the same reasons surgical instruments were far less elaborate than now. The patient was placed on a lowering diet, and purgatives were administered for some days before the operation. Organic defects in the kidney, heart, &c., were not looked for, and hygienic treatment was very defective, so that it was not surprising if the mortality of operations was greater than now. The lecturer then referred to the nursing staff, and said that the sisters in those days, as now, were very practical women, but that the nurses were very far inferior, both in their capabilities and their social position, to what they are now. Finally, Sir James Paget made a few remarks on the medical students of fifty years ago, and said they were certainly not so refined, perhaps, as nowadays; but at the same time we should remember that society in general was also less refined. On the whole they were a hard-working set of men. In conclusion, he thanked the Society for having honoured him by asking him to address them, and said what great pleasure it had given him to lecture to a body of students again.—Dr. MATTHEWS DUNCAN then in a few words proposed a vote of thanks to Sir James Paget for his interesting lecture, remarking at the same time that he thought it would be very satisfactory if the Society were to ask Sir George Burrows to relate to them the curious manner in which patients were examined in those days.—Dr. NORMAN MOORE seconded the proposal in a few appropriate words, which was carried unanimously amidst much applause.

Reviews and Notices of Books.

Selected Monographs. 1. Albuminuria in Health and Disease, by Dr. H. SENATOR. 2. Some Considerations on the Nature and Pathology of Typhus and Typhoid Fever, by the late ALEX. P. STEWART, M.D. 3. Movable Kidney in Women, by Dr. LEOPOLD LANDAU. London: The New Sydenham Society. 1884.

THIS volume is composed of three essays, differing as widely in their style and character as they do in the subjects of which they treat; but they were all worthy of reproduction, as they are of careful perusal. Dr. Senator's monograph on Albuminuria may be taken as the latest utterance of science upon this obscure and difficult subject, to the elucidation of which the author has contributed so much. His views are based upon a theory of urinary secretion.