

and observes that he does so in response to my suggestion above alluded to, and for comparison with other cases.

Encouraged by this timely contribution on the part of Dr. Keen, I am induced to ask such of the readers of your columns as may have to treat cases of tetanus, if they will have the goodness to note and record in your journal (or forward to me) the morning and evening temperature of such patients, with a view of testing the value of the suggestion. Especially, I suppose, might regularity of variation as to temperature be anticipated in those cases which, according to some observers, have more or less of an intermittent or periodical character. If variations are observed, it may be that fluctuations may exist which are peculiar to one or other form of tetanus. It would be a point of interest to inquire further upon what such variations depend; and a question to be asked whether they have any relation to such changes in the texture of the spinal cord as are found to have supervened during some attacks of fatal tetanus, by reason of the intimate connexion 'twixt the so-called sympathetic system and the spinal cord.

I am, Sir, your obedient servant,
Cavendish-square, April 19th, 1871. JOHN W. OGLE, M.D.

THE SURGERY OF STRICTURE.

To the Editor of THE LANCET.

SIR,—I have just read, in your current number, the discussion, under this head, at the Clinical Society of London. It recalls a remark I have not infrequently made to my students: that, in estimating current surgical literature and polemics, it is necessary to bear in mind that fondness for fashions is not confined to young ladies.

Considering that the controversialists at the Clinical Society were amongst the leaders of modern surgery in the metropolis, I confess the report of their proceedings is scarcely flattering to national pride, or encouraging to scientific aspiration. The discussion about the relative value of elastic and metallic catheters and bougies is a very old tale; and when, twenty years ago, I was working through the hospitals of Europe to judge personally the merits of surgical authors and methods of practice, I came back with a very decided opinion that, in passing catheters and treating strictures, Frenchmen were nowhere, and Englishmen, with Robert Liston in the van, had settled the business. In Paris itself, upwards of thirty years ago, the discussion of the value of metallic *versus* elastic catheters and sounds, of good-sized instruments *versus* bristles, was carried on with characteristic vivacity; and anyone may learn some useful lessons who will read carefully in Mayor's *Chirurgie Simplifiée*, "*Des principes fondamentaux du Cathétérisme*," and succeeding chapters.

The vast majority of strictures yield most readily to progressive dilatation with metallic instruments in skilled and gentle hands. Steel sounds, well plated, are the best, on account of their smoothness and weight—the latter a very important quality.

A few words as to progressive dilatation. Assuming a stricture, which, to-day, will only admit No. 5 through it. Nos. 6 and 7 must be passed down at once as far as practicable. To-morrow probably 6 will go through with comparative ease, and then 7 and 8 must follow without delay to the point of obstruction, which rapidly yields; the narrow membranous tube gradually opening out in front of the advancing instrument, just as the glove-finger does in front of the stretcher when pushed along it. In passing urethral instruments, the patient ought always to be in the recumbent position; the instruments to be warm and very well oiled.

In cases of retention there is too much meddling with little instruments—too little reliance on the ease, to patient and surgeon, with which good-sized heavy instruments are passed, especially if they be allowed to find their way by their own weight, the index-finger of the right hand being merely held under the handle of the instrument, and gently shaking it, and elevating it at the proper time. Two well-known agents deserve a few words, because imperfect advantage is often taken of them—opium and hip-baths. The full narcotising effect of the former, carefully watched, induces a flow of urine in most cases of obstruction. As to the hip-bath, let the patient have a blanket

folded at his back to rest comfortably, with the feet resting on a footstool to ensure thorough relaxation of all the muscles. The small quantity of water which these baths hold, and their vast extent of cooling metallic surface, render it necessary to remove part of the water every few minutes, and add more hot, a blanket being all the time over patient and bath.

Leeches in perineo are only necessary in exceptional cases, but they are capable of doing a great deal of good. Emptying the bowels by copious warm-water injection is a measure not to be overlooked in all cases of retention presenting difficulty in the passage of instruments. The value of anæsthetics under such circumstances cannot easily be exaggerated.

The frequency of stricture of the urethra is much greater than is commonly supposed, and I feel confident that if the passage were more frequently explored, many men who say they pass water freely, will be found to admit only a No. 6. At this stage a cure is easy and rapid; once effected, symptoms referred to lumbago disappear, and the danger is averted of progressive narrowing to one of those very tight strictures, which so frequently imperil the patient's life and the surgeon's reputation.

These hints are mostly old, though none the less worthy of remembrance. Allowing for the necessarily abridged report at the Clinical Society already referred to, it almost appears as if we were in some danger of forgetting what is already known, in the race after *spécialités et nouveautés*—fashionable milliners' words, but not inapplicable. We need deeper and wider reading, and a little more faith in that clear, sound, male sense, which some time ago made British surgery the first in the world.

In personal discussions courtesy and forbearance cannot be too great; but in debating systems and the features of an epoch and a school, we want plain speaking, to expose fallacies and dispel phantoms which obstruct the clear view of great truths.—I am, Sir, your obedient servant,
Birmingham, April 10th, 1871. SAMPSON GAMGEE.

SANITARY AFFAIRS IN TENTERDEN.

To the Editor of THE LANCET.

SIR,—You have frequently inserted in the columns of THE LANCET notices of inquiries held by the inspectors attached to the Medical Department of the Privy Council into the state of places supposed to be in a defective sanitary condition, and you have also remarked on the great good likely to accrue from such inquiries, in calling public attention to the law on the subject, and in inducing the local authorities to exert themselves to remedy proved defects. I scarcely remember any instance, except in the case of large towns, where you have reported upon the results actually obtained from the inspector's visit; I am induced, therefore, to try to supply this deficiency as far as regards my own parish, in which, with the assistance of the vicar, the Rev. J. W. Ramsey, I have been carrying on a sanitary fight with the authorities for the last four years.

Soon after settling in the parish, cases of typhoid fever came under my notice, and the most casual inspection revealed the existence, in an aggravated form, of all the conditions now known to be its cause. The inspector of nuisances was then an old man, and on his death, in 1867, the Board of Guardians of the Tenterden Union conferred the appointment on me, at a salary of £5 per annum. My duty was to report cases to the board, with whom the executive power rested. My reports, both special and general, were very frequent, with little practical results, as the board considered structural works were necessary, and held it was the duty of the vestry, as the sewer authority, to construct them. Vestry after vestry was called with no practical result. Once, in answer to an urgent appeal of mine, the board notified to the vestry that "if within a certain time the defects complained of were not remedied, complaint would be made to the Privy Council." The time elapsed, nothing was done, and then the board failed to fulfil their promise, although public attention had been drawn to it by its being affixed to the church door.

In 1867 Mr. Hardy's amended Act was passed, and then the board, only too glad of the opportunity, terminated my