blished by observation, it is one you should at any rate have knowledge of, and as the present case seemed to offer me the opportunity of referring to it, I have thought it my duty to do so. It is necessary that I should tell you, however, that I cannot make out that our present patient has ever had rheumatism, and that to my mind there is some little difficulty in reconciling a *sudden* form of paralysis with arterial plugging by a detached growth, not followed by hæmorrhage. If the result of the plugging is softening, the result of softening is not generally sudden, but progressive. Why should not, then, the paralysis be more progressive than it is assumed to be, and as it usually is, in cerebral ramollissement. It is true we do meet with cases of softening so sudden in their symptoms, as to lead the practitioner to think he has a case of cerebral hæmorrhage to deal with, and my predecessor, Dr. Rowland, wrote, you know, a book upon this very subject. But, then, this is the exception and not the rule, whilst in the other case it is assumed as the rule, and not the exception. If the paralysis be due to the atrophy and degeneration arising from the supply of blood being cut off from the part, one would think it would be more gradual, or the symptoms more progressive than in those cases in which they are laid down as occurring.

I have already said, that in our patient the disease appears to me to have come on progressively, for you will bear in mind, that nearly two months before what has been considered as the *attack*, he was observed to drag the right leg when walking, and frequently suffered from headache. On another view of the matter, it would seem to necessitate, that either the mere stopping of the circulation in the vessel itself can give rise to paralysis, without there being any visible change induced in the cerebral substance, or that the plugging of the artery may give rise to congestion, and then to hæmorrhage. In vol. xvii. of Ranking's Abstract, you will find recorded a case of Dr. Rühle, which the latter gives as exemplifying the first occurrence; and the third case of the same writer was one in which upon the convex surface of the left cerebral hemisphere was a diffused extravasation of blood. But then, again, arises the question, whether these cases, where the plug in the artery was extensive, and occurred in the carotid, can be regarded as exactly analogous to those where it is small, and occupying a cerebral artery. In Dr. Rühle's first example, the left auricular ventricular opening was narrowed to a fissure only admitting the little finger, at the extremity of which lay a dry, brown coagulum, imbedded in a calcareous fissure. In the second case, two irregular, fibrous coagula existed on the mitral valve, between its free end and point of insertion. Well observed phenomena must silence, of course, all theoretic objection, and it is fair to say, that cases are recorded in which these three circumstances have been observed—suddenness of paralytic seizure, softening of brain, and plugging of artery; and if we could be *sure* they were regular and necessary sequences, (of an inverted series to the way I have put them,) having a strict *nexus* of causation running through them, we should readily arrive at the truth of the matter.

The occurrence of these fibrinous plugs in the arteries has been explained, I should tell you, by another class of pathologists, in a very different way. Their occasional existence being undoubted, they are supposed to be the result of a local chronic arteritis, a disease of the vessel itself. But upon this point I have yet to say a few words, when alluding to the next case, that of Elizabeth H——, in the Bow ward. Before considering her case, I may refer those desirous of more information upon this subject of detachment of fibrinous growths from the valves of the heart to vols. xvi. and xvii. of Ranking's Abstract, pages 90 and 32, and to vol. i. of THE LANCET for 1855, p. 238. In the last (xxxiii.) number, also, of the *British and Foreign Medico-Chirurgical Review*, some interesting cases of obturation of the pulmonary artery by fibrinous coagula will be found given *in extenso*.

Finally, with reference to the patient whose case we have been considering, I may just observe, that he is now able, to some extent, to say *yes* or *no*, as the question put to him may necessitate. Before, we remarked that with whatever answer he began the day, so he went on to the end of it. Next he mixed the two—*yes, no*—somewhat indiscriminately together. Now he can pretty judiciously appropriate each answer respectively.

TESTIMONIAL.—A testimonial, the subscriptions to which already amount to nearly £400, is to be given to Drs. Joseph and William Bullar, of Southampton, "for their many years gratuitous services in the cause of the poor, and great services to the Royal South Hants Infirmary."

REPORT OF A

CASE OF STRICTURE OF THE URETHRA,

TREATED WITH MR. T. WAKLEY'S URETHRAL GUIDE AND TUBES.

BY WM. SETH GILL, ESQ., M.R.C.S.E.

No apology is necessary for introducing the following case to the readers of THE LANCET, illustrating as it does the value of Mr. Thomas Wakley's simple but most effectual invention for the cure of stricture of the urethra without the aid of cutting instruments. I feel confident that if those surgeons, both at home and abroad, who have been taxing their ingenuity to contrive knives and devise incisions for the treatment of this disease, would take the trouble to investigate the method as practised by Mr. Wakley, they would perceive how unnecessary it is to subject their patients to the dangers of cutting operations. I have no hesitation in stating that the most confirmed sceptic, professional or otherwise, will feel gratified, as I do, in placing on record *facts*, proving that this disease, even in its most intractable form, is perfectly under control with these instruments, and that the plan of treatment is both safe and expeditious, and must eventually become a *sina quâ non* in modern surgery.

Some years since, a gentleman applied to me, suffering from stricture, accompanied by the usual symptoms. Warm-baths and the ordinary medical treatment enabled him to pass a few drops of urine, and in a day or two I was enabled to introduce a small catgut bougie, followed at intervals by others of a larger size until the passage became permanent, and the patient's general health restored.

Seven years after this recovery, my patient relinquished his habits of total abstinence, and occasionally indulged in potations strong and deep, and after one of these fits of intoxication the usual distressing symptoms of stricture set in, and, some months afterwards, he was again obliged to apply to me, suffering from almost total retention of urine. Upon examination, I found the urethra hard and cartilaginous for at least two inches in extent, and my patient told me that for some time past he could only pass his urine guttatim. I failed in passing an instrument for several days, and then succeeded only in introducing a No. 1 bougie, which he retained for a short time only, for I was obliged to withdraw it on account of the recurrence of severe rigors. The effort to pass urine was continual and impracticable; loss of appetite, with mental depression, followed sleepless days and nights of suffering. Under these trying circumstances the urethra gave way, and the urine was diffused into the scrotum and perinæum, and my patient became in great danger. In this critical position I advised a consultation with Mr. Wakley, who at once decided on giving the patient chloroform, opening the deep, sloughy abscess in the perinæum, and making other small punctures, to allow the infiltrated urine to escape, and to *dilate* the strictured urethra anterior to the ruptured part of it, so that a full-sized urethral tube could be passed and retained in the bladder. Accordingly, a No. 7 elastic tube was introduced, as if by magic, through the stricture, past the opening in the urethra, on to the bladder, by means of the ingenious instruments employed by Mr. Wakley. I have no hesitation in stating, that such a feat by the ordinary method, or, indeed, by any other than that of *the knife*, would have been an impossibility. The command of the urethra was never once lost during the rapid and successful dilatation which followed, and in ten days the patient passed his urine in a large stream, retaining it for the usual period. The opening in the perinæum has closed, and my patient has regained his health and strength, and is now pursuing his usual avocation, to the surprise of all. Comment upon this case is superfluous; the successful termination must be received as a victory for the plan employed, and I would ask those surgeons who still use the knife or other cutting instruments, in the treatment of stricture, whether they should not *first* try the means adopted in the foregoing case?

29, White Lion-street, Pentonville, Jan. 2nd, 1856.

MR. OWEN AND THE COLLEGE OF SURGEONS.—The statement that appeared in *The Times* relative to the reduction of Professor Owen's salary has been denied in a letter addressed to that journal by the President of the College, who asserts that the Court never had any intention or wish to deprive the distinguished Curator of their Museum of any portion of his emolument.