

the following law enacted by the Colony of Massachusetts Bay in 1649:—

“Forasmuch as the law of God allows no man to impair the life or limbs of any person, but in a judicial way: It is therefore ordered, That no person or persons whatsoever employed at any time about the bodies of men, women, or children for preservation of life or health as chirurgions, midwives, physicians, or others, presume to exercise or put forth any act contrary to the known approved Rules of Art in each Mystery and occupation, nor exercise any force, violence, or cruelty, upon or towards the body of any, whether young or old, (no, not in the most difficult and desperate cases,) without the advice and consent of such as are skillfull in the same art, (if such may be had,) or at least of some of the wisest and gravest then present, and consent of the patient or patients if they be *mentis compotes*, much less contrary to such advice and consent, upon such severe punishment as the nature of the fact may deserve; which law, nevertheless, is not intended to discourage any from all lawfull use of their skill but rather to incourage and direct them in the right use thereof, and inhibit and restraine the presumptuous arrogancy of such as through presidence of their own skill, or any other sinister respects, dare boldly attempt to exercise any violence upon or towards the bodies of young or old, one or other, to the prejudice or hazard of life or limbe of man, woman, or child.”

Dr. S. E. Chaillé has shown in a striking way, in the *New Orleans Medical and Surgical Journal* for May, 1874, page 828, that popular indifference, not to say popular ignorance, is the main difficulty in the way of regulating the practice of medicine in the United States. He says:—

“Many of the States have tried the experiment of enacting laws so excellent that nothing more was needed to improve the medical profession except their execution. In 1851 eleven States had had such laws and had repealed them; four then had them, but subsequently repealed them. Among these four was the State of Louisiana, as to which it was published abroad ‘No State in the Union is better protected against impositions of all kinds than Louisiana.’ But distance lent enchantment to the view, for the facts were as follows: Louisiana did enact most excellent laws as early as 1808; wisely amended them in 1816, 1817, and 1840; and after forty-four years of experiment repealed them in 1852, without encountering the opposition of any. For such was the execution of these laws that the State was infested with quacks and patent medicines, and whilst the laws imposed taxes and other burdens on the good their penalties against the bad could not be enforced.”

—“Professor Potain, alluding to a case at the Necker in which vomiting was a prominent symptom,” writes the *Medical Times and Gazette*, “observed, ‘There is in general much more vomiting in an affection of the brain or in disease of the kidney than in affections of the stomach, excepting cancer which has reached a certain stage. So that when you are in the presence of a patient who is constantly vomiting alimentary matters, without the digestive organs manifesting any well-marked sign of disease, your attention should always be immediately turned to the encephalon and to the organs for the secretion of urine.’”

CASE OF URETHRAL STRICTURE TREATED BY OTIS'S METHOD.¹

BY C. P. BANCROFT, M. D., OF BOSTON.

THE following case seems interesting, as it involved many of the extreme misfortunes attending gleet, and was as obstinate in yielding to the regular treatment of that trouble as a case could be. I do not offer the case as proving or disproving anything pertaining to the Otis method. Every case treated in this way is at present of interest, and I merely add mine to the list.

Mr. D., age forty-five, contracted gonorrhœa in 1854 for the first time. Was treated with injections and copaiba; was apparently cured at the time, but some months afterward a gleet appeared. For the past twenty years this discharge has been intermittent. The least sexual or alcoholic excess has always caused its return. In the summer of 1879, after a fresh accession of the discharge, he noticed marked diminution in the size of his stream, also irregularity in its course. By November he was annoyed by a constant desire to micturate: at night he was obliged to arise from ten to twenty times. Finally, his distress was so great that he applied for medical aid. I examined his urethra, and found three strictures,—one in the fixed portion, two in the pendaut urethra. No. 13 French bougie was the largest that could be passed. The two anterior strictures were about one and two inches respectively from the meatus. Gradual dilatation was at once begun; the two anterior strictures were very sensitive, and progress was very slow. I gradually increased the bougies to No. 25 French. By this time the difficulty in passing water had nearly disappeared, but still the discharge persisted, and was very annoying. Moreover, on desisting from passing the bougie the strictures at once recontracted, and in addition to his discharge he had a recurrence of his old cystitic symptoms. An ointment composed of sulphate of copper and wax was used, as recommended by Ogilvie Will in his little monograph. This I passed into the urethra on a small sound, and allowed it to remain *in situ* for a while, thus bringing the astringent directly in contact with the supposed diseased portion. This had no effect whatever on either discharge or stricture. All this while a No. 25 French bougie was being passed periodically. I now advised internal urethrotomy as the only means of reaching all his trouble. He at once assented, and I endeavored to incise the stricture with Maisonneuve's urethrotome, but the stricture had already been dilated so widely that the largest blade of the Maisonneuve passed through the constriction without cutting it. As there seemed to be nothing more to do, I was obliged to advise the patient to wait a while, simply passing the No. 25 French bougie. This he did faithfully himself. Gradually the discharge disappeared, and the patient and myself were congratulating ourselves on a recovery, when the cystitis reappeared. So frequent and painful were the calls to micturition, that he was obliged to leave off work. I examined his urine, and found it ammoniacal, loaded with pus, and presenting all the features of a case of severe chronic cystitis. The patient's condition was at this time worse than at any time during the treatment. I at once put him to bed, regulated his diet, and washed out his bladder regularly. This only slightly relieved his symptoms; on endeavoring to walk they at once returned. At this

¹ Read before the Suffolk District Medical Society, October 9, 1880.

time a No. 25 French bougie could be passed, and the stream was of large size. It was therefore perfectly evident that the stricture was of large calibre, and that just enough obstruction to the flow of urine was caused by it to set up irritation in the muscular apparatus of the bladder and urethra, and that this in turn induced inflammation of the mucous surface of the organ. As Berkeley Hill says, "if the balance between the natural expulsive force of the bladder and the friction along the urethra is disturbed the bladder is irritated."

Otis's dilating urethrotomy seemed the only method left by which we could overcome the stricture and relieve the bladder. Accordingly on the 1st of May I etherized and operated upon the patient. Dr. Geo. W. Gay kindly assisted me. The flaccid penis measured three inches in circumference, and, according to Otis, the urethra should have a normal calibre equivalent to a No. 30 French bougie. The urethrotome used was one of the earlier designs, and not as convenient as the later variety, in which the blade slides in the groove after the instrument itself is dilated. The urethrotome was introduced through the deep stricture, dilated and withdrawn, closed and withdrawn to the outer strictures, then dilated and withdrawn through them. The meatus was also incised. A No. 30 French steel sound easily passed into the bladder. There was but little hæmorrhage. That night he had a tendency to chill, and some pain which was relieved by ten grains of quinine and a morphia and belladonna suppository.

May 2d. Had some local soreness, but otherwise comfortable.

May 3d. Had no spasm after urinating; did not wish to pass water oftener than natural, and said he felt better than for a long time. No. 30 French bougie introduced without pain.

May 5th. Had a great deal of pain in perinæum and penis. Penis red and swollen, and marked induration at peno-scrotal angle.

May 7th. Swelling and pain had diminished, and a No. 30 French sound was introduced. All the requirements of Otis's operation had thus been met up to this time. The sound had been passed until there was no blood or discharge upon its withdrawal. According to Otis, the stricture was now radically cured. The normal calibre of the urethra was restored, and it was physiologically impossible for contraction to recur.

May 9th. Patient again experienced great pain in perinæum and penis. He was very restless; had a temperature of 102° F., preceded by a slight chill. Five grains of quinine were given, and three suppositories of morphia, each containing one fourth of a grain, were administered before he experienced relief.

May 10th. He felt much easier. Urine rather thick, and contained pus.

May 12th. Patient decidedly better. From this time he began to gain. His urine slowly cleared up, and by the 1st of July he resumed his work. Since his last attack of pain a No. 28 French bougie passed easily, but Nos. 29 and 30 entered with so much difficulty that I did not endeavor to pass them. Up to the present time the patient has remained very well. There is no discharge from urethra, nor is there cystitis. He does his work daily, and has gained in flesh, strength, and color.

To a certain extent, therefore, the operation was a decided success; it enabled him to work, and certainly was the means of his recovering his health, which had been greatly impaired by the prolonged urethral dis-

charge and the accompanying cystitis. I cannot say, however, that the cure is *radical*. On the 26th of September last I examined him with one of Otis's steel bulbs, size No. 30, French. This entered the meatus, and passed down the urethra, without obstruction, until it reached a point corresponding to the junction of the scrotum and penis. Here it met with marked resistance, and its passage called forth pain; it passed through a distinct band of stricture, and then met with no further obstruction. At the point of resistance can be felt a ring of inflammatory effusion. During an erection the penis bends downward slightly.

The present case seems to show, first, that the operation is not always followed by a smooth and uneventful recovery; secondly, that the cure is not always a radical one. The case also suggests the query whether it is advisable or justifiable to perform dilating urethrotomy a second time, with the view of entirely recovering the stricture which still exists. It has been said that the dangers and inconveniences of the operation are so slight, and the results so certain and positive, that it is neglect of duty on the part of the surgeon if he does not operate. Considering that at present the patient has no trouble, and that the experience of many surgeons shows that a radical cure does not invariably follow, it would seem the part of better judgment to delay and still consider the question of radical cure a mooted one.

RECENT PROGRESS IN THE TREATMENT OF MENTAL DISEASES.¹

BY THEO. W. FISHER, M. D. HARV.

LUNACY REFORM.

A NATIONAL Association for the Protection of the Insane and the Prevention of Insanity was formed at Cleveland, Ohio, July 1, 1880. A constitution setting forth the methods of the society was adopted, which proposes to encourage clinical and pathological observations by the medical profession generally; to enlighten the public as to the nature of insanity, the importance of early treatment, and improved methods of management at home and abroad; to recommend an enlightened state policy; to stimulate legislation by holding public meetings so as to secure efficient supervision of the insane; to perfect the laws relating to the treatment of the insane and their rights while in the asylum; and to allay public distrust by placing insane asylums on the same footing as other hospitals, in the matter of freer communication with the outer world and of a consulting medical staff of general practitioners. An address was read by Dr. George M. Beard, of New York, explaining the necessity of such an association. He thinks the future growth of insanity, due to our complex civilization, is destined to become enormous. At least one out of three hundred will be insane in the near future. Insanity he considers a part of the cost of liberty and self-government. He claims that the public need enlightenment on this subject, and have a vital interest in it far greater than that of the asylums. Dr. J. C. Shaw, of the King's County Insane Asylum, New York, read a paper on the Practicability and Value of Non-Restraint in treating the Insane, showing what had been done in his own asylum since he took charge of it. Its pre-

¹ Concluded from page 400.