

While constantly parading exaggerated accounts of his own superior learning and skill, he will lose no opportunity to injure his absent rival by insidiously depreciating his merits or openly misrepresenting him behind his back. If he should be called to a patient in the absence of the family physician, he will not fail to pronounce the medicine which the doctor has left a deadly poison, and then prescribe the same thing under another name. If a consulting physician should say, in the presence of the patient, that he might safely rely upon the "*vis medicatrix naturæ*," he will whisper to some officious friend of the sick person standing by: "That will kill him quicker than strychnine." In speaking with one of the unlettered multitude about his practice, he will never use a term his hearer will be likely to understand, if he can think of a technical synonym of "learned length and thundering sound." He will never prescribe such a thing as common poultice, but will recommend a cataplasm of certain ingredients. He will not even suggest a wash of ordinary salt and water; it must be a saturated solution of sodium chloride. As I have already said, however, I am happy in the conviction that none of the gifted and aspiring young men whom I have the honor to address to-night will ever condescend to the low artifices or be content with the degraded level of the vulgar sham, the mere pretender.

Mr. Sergeant Balentyne, the celebrated English barrister, on being asked what was the highest qualification for a Lord Chief-Justice, replied that "a Lord Chief-Justice should, in the first place, be a gentleman, and then, if he should know a little law it would be so much the better." And so I would say, while it may be necessary in the practice of your profession that you should know something about medical science, it is absolutely indispensable that you should be gentlemen! By this I do not mean that you should simply cultivate the graces and practice the ordinary amenities of courteous intercourse common to polite society, but that you should at all times, and under all circumstances, illustrate the heaven-inspired virtues of honest, earnest, noble Christian men. That you should spurn with indignant scorn the low, mean vices of envy, malice and evil speaking, and never suffer yourselves to be betrayed into anything that can degrade your manhood or cast the slightest stain upon the bright escutcheon of your honorable profession. Above all things let your demeanor toward professional brethren be candid, manly and just, and your deportment to your patients kind, considerate and conscientious.

I feel that I owe you an apology for having detained you so long, but while I bid you the heartiest God speed in your chosen career, I trust you will permit me to hope, that if you shall at some time in the great unexplored future that

lies before you recall a single word I have spoken, by which you have been comforted or encouraged in the attainment of the success to which you aspire, you will not regret the courteous attention you have given me, and for which I tender you my profoundest thanks.

## ORIGINAL ARTICLES.

### STRICTURE OF THE URETHRA IN WOMEN.

*Read in the Section of Obstetrics and Gynecology, at the Forty-first Annual Meeting of the American Medical Association, at Nashville, Tenn., May, 1890.*

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In this paper I limit the term stricture of the urethra to organic contractions in the lumen of the canal not caused by traumatism, incidental to her sex or the result of destructive or malignant disease. In a surgical sense, it is the same condition that we define by this term in the male.

I find it necessary to thus limit the disease, because the affection is supposed to be rarely found in women, that all manner of causes have to be enumerated in order to explain its presence. In the two most recent and elaborate monographs upon the subject, that by Fissiaux<sup>1</sup> and by Herman,<sup>2</sup> all manner of accidental conditions are invoked to explain the condition. When the causes of urethral stricture in women are reduced to two, specific urethritis and traumatism principally (Fissiaux), it will be clear to any one who studies it independently and free from the unfortunate bias of the authors, that this method simply perpetuates the prevailing error concerning it.

There are certain reasons why organic contractions of the anterior urethra in women should be expected, as the outcome of her functional life. If we examine the external genitals in women of various ages, some of the most marked changes will be presented by the picture of the urinary meatus and the urethral prominence. What in the virgin is small and compact becomes enlarged in the middle-aged married woman, so that it projects forward between the nymphæ and forms a large, rounded mass bulging downward into the vestibule. The urinary fissure has become irregular, with overlying flaps of the external mucous membrane, one-lobed, bi-lobed, or tri-lobed, in every variety of form. These changes may and do exist without any functional deviation from the normal.

These alterations are evolutionary in character, and are shared in by the other external genitalæ. The gland of the clitoris has become greatly en-

<sup>1</sup> Annales de Gynecologie, January and March, 1879.

<sup>2</sup> Transactions of the London Obstetrical Society, 1887, p. 27.

larged over the virgin form and its prepuce elongated; the nymphæ have increased many times in breadth and thickness, and projects beyond the commissure of the pudendum, and the myrtiform bodies occlude the vestibule. That the functional activity which is the source of this evolution may easily pass beyond the normal, is proven by the frequency that stricture of the urethra, or condyloma, angioma, caruncle, and irritations are found.

In the sexual act the urinary meatus and prominence are as much exposed to friction and contact as the urethral opening in the male. These organs in one sex have no exposure to morbid causes, that are not equally shared by the other, aside from gestation and pregnancy, which speaking mathematically, is a plus condition as against women. The practical outcome of this is that the woman who has not, at some period of active functional life, suffered from urinary distress, is very rarely met with; and further, I will boldly assert that every man who faithfully follows my method of urethral exploration will confirm, that urethral strictures, or contractions, sufficient to cause symptoms, are as frequently found in women as in men. I express this opinion in no spirit of arrogance or undue self-assertion, but I shall expect every man who offers an opinion to the contrary, other than what may be said hastily in debate, to do so only after he has applied to the study of this subject the modern and approved methods of urethral exploration. He must abandon his authorities and their textbooks, which have nourished a most absurd error, and study this matter for himself from the general surgery standpoint. In the event that there may be some among you who have not examined the literature of the subject, but who may wish to know what gynecological authors have to say about it, I can well afford to give the brief space that this requires.

Skene, in his fifth edition, does not mention the subject. Emmet says that it is rare except as the result of violence. Among older English writers, Churchill says: "My own experience does not qualify me to speak as to the frequency of organic stricture of the female; it can not be very common, or I should have met with it. But I have met with two cases which I suppose to be spasmodic stricture;" and which cases he relates, and which were evidently cases of hysterical retention. West, McClintock, Sir C. M. Clark, Barnes, Baker, Brown, Tait, do not mention the subject. Grailey Hewitt says it is rare compared to the other sex, and dismisses it in six lines. The later French authorities do not give it any mention so far as I have examined. The elaborate and painstaking German authors ignore the matter. Even Winckel, in a special treatise on the Urinary Organs of Women, in the "*Handbuch des Frauen Krankheiten*," gives it no con-

sideration worthy of the name. Coming to more modern times in English literature, we find Hart and Barbour, Mundé, Gordelle, Brown, pay it no attention. In the ambitious monograph of Herman already referred to, and which aims to be scientific, the matter is very inadequately treated, and in a manner which proves that the author neglected to apply to his investigations the methods of modern urethral surgery; while the paper of Fissiaux, so far as it advances our knowledge of the subject, might as well have been written a generation past. In the "*American System of Gynecology*," our own Baker starts out with the remarkable statement that stricture of sufficient degree to give rise to urinary symptoms is rarely met with. It is very evident from this that I have a fair field all to myself, as negative evidence never yet proved anything. The mysterious part of the matter is how such a mass of negative evidence was ever able to group itself about a subject so easy of demonstration as this. The mystery is cleared up when we come to examine Skene's book on the "*Diseases of the Bladder and Urethra in Women*."

Dr. Skene gives more importance to the lesion than any other systematic writer, by admitting that it occurs often enough to demand attention. "The form of stricture that will most frequently come under your consideration," he says, "will be a contraction of the meatus urinarius, produced in many cases by too liberal use of caustics in the treatment of abnormal growths at the lower end of the urethra, or from vulvitis." It is in relation to the method of examination directed by Skene, who simply follows in the footsteps of his predecessors in a sort of traditional way, wherein lies the error. He directs that the passage be explored with a sound, using one so large that it will not pass the stricture, thus locating it, and then using a sound that will pass through it, the extent of the obstruction may be known. If a surgeon writing upon male stricture were to direct such a method of exploring the passage, here would be very few strictures of large calibre, as Otis calls them, that we would ever know much about.

It is by methods such as just described that the period of error has been prolonged. Now, there was a time within the memory of many of us when it may have been said that, in an exact and scientific way, we knew very little about stricture of the male urethra; and yet, concerning this, careful instruction had been given for generations. There came, however, with the use of instruments of precision, a period of more exact examination, which not only gave a more perfect, but a far wider range of knowledge. In this way an abnormal state was all but discovered and its outcome given its due value, for previous to this period, strictures of large calibre were, if known, given no practical importance. Previous

to this period the general surgeon gave about the same instructions concerning exploration of the male urethra that Dr. Skene has given for that of the female. It cannot be disputed that, so far as stricture in women is known and treated, it stands to-day where the surgery of the male urethra did a generation ago. I date the knowledge of strictures in the male of large and small calibre, their number, location and extent, their consistency and dilatability, together with the calibre of the passage yet in a normal condition, to the invention and general use of the exploratory bulb, and urethrometer. Previously they were simply able to say that a urethra was strictured, provided the contraction was small enough. If we trust in urethral exploration in women to the sound, we simply learn that we have to deal with a narrowed passage, and we overlook strictures of large calibre entirely; whereas if we explore with the bulbs we learn not only all the sound can reveal, but also the extent, number and location of the constricted points, their firmness and dilatability, and the differential diameter of each.

Some attention has been given to the question, What is the normal size, or lumen, of the female urethra? I do not understand how a solution of this question can throw any more light upon its strictures, than a knowledge of the average diameter of the vagina would aid us to an understanding of atresia of that passage. The question is, not the diameter of the passage, but, is it free from disease; are there no contracting bands or inflammatory deposits that diminish its size, be they large or small? In the male urethra, Otis has tried to make an average of this kind of practical importance as a guide to the depth of an internal urethrotomy in a given size of the pendent organ, but I believe few surgeons cut according to Otis's table now. Those that I have seen do it, generally incised more extensively than was necessary, especially at the meatus. The accessibility and exceeding dilatability of the female urethra precludes the necessity of internal urethrotomy, and there is even less need here than in the male to establish a law of average. It is interesting, and may have its usefulness, to know something about the average normal. Dr. Herman, in the article referred to, makes an attempt in this direction. He employs an instrument that cannot be taken as a comparative standard like those made upon the French scale, which are not arbitrary numbers, but express millimeters in circumference. For this purpose he uses Hegar's dilators, which he describes as "cylindrical rods pointed like the small end of an egg," which must be conically pointed sounds. Even in the use of these imperfect instruments he used so much force, that on several occasions he "produced slight lacerations of the mucous membrane."

TABULATION OF DR. HERMAN'S MEASUREMENTS.

Hegar's Dilators.	Equivalent in English scale.	Equivalent in French scale.	No. of persons examined.
No. 7 . . . . .	12	22	55
" 8 . . . . .	14	25	11
" 9 . . . . .	17	29	21
" 10 . . . . .	18	30	15
" 11 . . . . .	Not given.	Unknown.	6
" 12 . . . . .	"	"	1

The conclusion is that in most cases the healthy female urethra will admit a No. 17 catheter, and nearly all cases a No. 14. In the above table the equivalent in the English scale is approximated upon the American, and I assume that there is no material difference. It is very evident, I believe, that beginning in the above table with Hegar's dilator No. 9, the observer used a dilating degree of force, as the fact of bleeding mucous membrane proves. Had he used a urethrometer or the exploring bulbs, the error of using too much force would have been avoided and his measurements would have had scientific value. This author makes gonorrhœa a very frequent cause, a fact that was overlooked by Winckel. He also regards the urethro-vaginal cellular tissue the homologue of the prostate gland in the male, from the fact that in aged women this septum is thickened and indurated, and this causes narrowing of the urethra. It is difficult to follow Dr. Herman to such a conclusion, and I believe that the majority of observers will dissent from such a comparison. If it were necessary to imagine such a homology, function and situation would suggest the vulvo-vaginal glands. I believe, on the contrary, that the urethral narrowing in aged women is due to the senile involution to be observed in all the genito-urinary apparatus of the sex.

In my own observations to test the calibre of the normal urethra, I noticed the liability to error from the extreme dilatability of the passage when in a healthy condition, an error more difficult to guard against in using the urethrometer than the bulbs. In the following table the measurements were made by the careful introduction of the bulbs, using no force that could put the tissues upon the stretch.

No. of cases.	French scale—millimeters in circumference at meatus.
20	23
18	24
24	25
9	26
18	27
16	28

This does not express the size of the urethra, but rather that of the meatus, at which point there is a slight narrowing. Beyond this point the measurements were taken by the urethrometer, and the increase in the calibre was represented by 1 to 3 mm.; but if the screw of the instrument was slowly turned, thus applying the dilating force gently, one or two divisions of the

scale could be added to the above without any discomfort to the woman. For this reason measurements must always lack the exactness that insures scientific value, except for those made at the meatus. Bulbs larger than 29 F. I found would not pass the meatus without dilating force, except in cases in which appearances indicated a morbid condition of the part. In my measurements, every case in which blood followed the bulb or urethrometer, was rejected as being in a morbid condition, or as having an excess of force used in the manipulation. There is not a case represented in my table, that the measurement would exclude the idea of stricture, or contracting bands, that is, the stricture of large calibre. This at least has been my experience, but this morbid condition is indicated by urinary symptoms more or less constant, or recurring at long intervals.

Several of the writers who give the subject any attention at all, appear to derive their standard of comparison from stricture in the male. To a certain extent no comparison is possible. Except as the result of traumatism, the impervious urethra or exceeding nervous stricture is not met with in women, but are often met with in men. In connection with an exceedingly crude method of examination, it is this standard of comparison which has so generally led gynecological writers astray on this subject. Further, a narrowing in men that will cause but a slight diminution in the current of urine, never retention, and but rarely dysuria, will produce all these symptoms in women. I believe this to be the true distinction to be made between the sexes in the symptoms of stricture. Women are exposed to all the etiological conditions that men are, plus a few others incidental to their sex, but these in no way contribute to what may be regarded as sexual difference in symptoms. From whatever cause, retention, incontinence, dysuria and strangury are symptoms much more frequently met with in women than in men, and in consequence slighter pathological changes will cause more active disturbance in the former. If strictures of large calibre in men have the pathological importance that such an accurate observer as Dr. F. H. Otis assigns to them, strictures of a like character have more serious import in women. What Civiale, in 1850, says of male stricture, "that the slightest obstruction in the urethra is able to produce the gravest symptoms," is true with enhanced force in women.

It is not necessary to reason any further from analogy. There is an established method of practice that will bear out the truth of my argument. A long established treatment of dysuria in women has been forcible dilatation of the urethra, an operation usually made with the finger of the operator. I have so treated these cases of painful urination many times; sometimes with success,

and other times with failure. It was difficult to explain the contradiction in results. I have now learned that when I have succeeded in curing my patient I had to deal with a stricture of large calibre—in other words, I had treated a stricture by what in the surgery of the male urethra, is termed divulsion. Since I have begun habitually to examine the urethra with the exploring bulbs in all cases with urinary symptoms, I have never made the operation of forcible dilatation except I wished to examine the cavity of the bladder with the finger. In doing this operation in dysuria I have frequently felt the narrow constricting bands, but without really understanding their nature until I had studied the condition of the passage after the manner of Otis. It is possible to detect stricture of this size with the sound, as resistance is at every point alike, and from the size of the sound that you are able to pass, it does not appear that any stricture is possible. Free as was the opening of the urinary passage, the widely dilatable constricting bands were sufficient to keep up a constant fret of the mucous membrane. I have found these obstructions in urethras that would admit a 28 to 30 F. sound with but very little force, and followed by only a few drops of blood. In exploring, it is well to remember that it is always more easy, as well as less painful to the patient, to introduce a large sound than it is a large bulb. This constant condition of urethral irritation in this group of cases constitutes, I believe, a sexual trait in the different reaction of strictures of this character in the sexes. That which causes frequent and painful micturition in women and greatly disposes to spasmodic retention, will, as a rule, be intractable catarrh in men when situated in the penile passage.

It is remarkable how sensitive the bulbs are in detecting and locating stricture of wide lumen. Sometimes the constrictions are arranged in groups, and a No. 24 or 27 F. bulb will slip along in a series of jerks that offer but little resistance to the hand; but more usually one or two obstructions are found from the middle to the outer half of the passage. The lumen of the normal female urethra is not the same throughout its length. It is contracted toward the meatus, expanded in the middle portion, and contracts again toward the bladder, as may be demonstrated by the urethrometer. One must not, therefore, allow error to occur from the introduction of too large a bulb, which would move with more freedom at one portion of the urethra than another. With one that moves with but little force, the sensation of meeting one of these obstructing bands is so characteristic that there is but little danger of error. They differ in one important particular from obstructions of the same diameter in the male. In women they occupy but a small space longitudinally of the passage, while in the male half an inch to an

inch is sometimes involved. All the symptoms evoked by strictures more contracted are observed in those I have been describing. I know of no differential symptoms by which to distinguish the different degrees of contraction. The gravity of the symptoms does not appear to depend upon the extent to which the lumen of the passage is encroached upon, but rather upon the degree of the irritation existing.

Symptoms of functional disturbance due to stricture have their periods of exacerbation and intermission, so that the patient will give a history of frequent and painful micturition, with intervals of relief of a duration of days, and even weeks. Oftentimes the patient rises in the morning in a comfortable condition, with a renewal of the urinary symptoms toward the latter part of the day, especially if she has been much upon her feet, the disturbance lasting well into the night. The power of control is sometimes impaired, the patient being obliged to promptly respond to the inclination, otherwise there will be an involuntary escape of urine.

The form of stricture that I have most frequently met with, and one that produces the most acute symptoms, is the annular stricture of the meatus. It is a firm ring situated at the verge of the opening, and ranges in calibre from 13 to 20 F. They offer quite a solid resistance to the exploring bulb, which has sometimes to be pressed against the ring for a moment before it yields, and what is even more characteristic, presents about an equal resistance to its withdrawal. Some are of large calibre. I have noted one of 23 F. in which the urinary symptoms were very urgent, and which totally disappeared on the passage of sounds with very slight dilating force. The resistance offered to the withdrawal of the bulbous sound both in the annular stricture at the opening and in the obstructions further up the canal, is one of the most characteristic sensations to the touch presented by these delicate instruments. The treatment of these strictures at the meatus is quite painful, and cocaine ought to be used. In a very few instances I have divided the obstruction upward, but this plan gave no special advantage except in relieving the painful stretch at each passage of the sound.

Very small strictures near the meatus, but not involving the opening—the analogue of what we so frequently meet with in men—I believe are quite rare. In women such an obstruction nearly always involves the meatus. I recall one such case in which the meatus received with difficulty a No. 19 F. bulb and a firmer contraction half an inch beyond. The subject was sixty-two years of age, the mother of several children, and had suffered several years from difficult and painful micturition. In this case I divided the strictures, as dilatation was painful even under cocaine. From the thickened and inverted prepuce, the

hypertrophied right nymphæ with its hardened and corrugated surface, and the general pigmentation of both nymphæ, I suspected long continued masturbation. A long time after the patient confessed that such was the case. This was interesting, as the urethra of this woman presented about the same condition met with in men who have long been subject to this vice.

Persistent retention due to the mechanical obstruction as a symptom, I have not often met with. I believe I would rather express myself to substitute retarded flow for retention. In one case in which a 16 F. bulb passed the meatus with difficulty, the flow of urine was very slow in starting, and the bladder was slowly emptied with a small reluctant stream. In this instance, before any exploration or stretching, the obstruction offered an opening not to exceed 12 F. to the flow of urine. This woman had had gonorrhoea about ten years previous to my treatment. If one looks for symptoms of mechanical obstruction in stricture of women, I fear it would be very misleading. Therein lies one of the obstacles to the general recognition of this condition in women. As a sex, she is continually subject to urethral and bladder symptoms, but without other indications of stricture, that the condition nearly always meets with some other explanation. What in man would inevitably lead to a urethral exploration, even on the part of a very ordinary surgeon, is never made in women, except in cases of exceptional severity.

Another condition sometimes met with at the meatus is what has been called eversion of the mucous membrane of the passage. It is very troublesome and difficult to cure. This is, in my opinion, simply a form of stricture. Cases so treated have made prompt recoveries. Its prototype in the male is the fusiform stricture of the meatus of Otis. This author states that it is rare in the male, and he applies the term congenital to it. In this sex the condition is not revealed except as the result of exploration. In women, however, it is not rare to meet with a rolling out of the mucous lining which presents at the meatus as a red irritable margin. When a full size bulbous sound is introduced, the protruded mucous membrane is pushed before it, and the resistance to its introduction ceases when the bulb is pushed through the ring. On withdrawing the sound, its point is caught by the ring of mucous membrane which is pulled out to its full extent, thus offering considerable resistance to the withdrawal of the bulb.

The point which I wish to impress is that this is essentially a stricture. Those of you who have treated the condition know how disposed it is to return even after the margin is pared or cauterized away. I believe that it is explained by the existence of an annular stricture at the meatus and a subsequent dilatation of the urethra be-

hind it. Of course, I do not allege that this may not occur from dilatation of the urethra without stricture; but the diagnostic use of the bulbous explorers demonstrating the obstruction at the meatus, puts the pathology beyond doubt. With or without excision of prolapsed mucous margin, permanent cure may be attained by gradual dilatation with the sounds. Two cases of this condition, both in middle-aged women, were cured by relieving the stricture at the meatus, with cure of severe urinary symptoms. In old women, in whom it is more frequently found in connection with annular stricture of the meatus, its cure is practically impossible without cure of the stricture.

I do not propose to take up your time with the detail of illustrative cases. The proof of the matter is so simple to everyone who will provide himself with a set of exploring bulbs, and habitually employ them in every case that presents with urinary symptoms, that I do not believe I can make my case stronger with the history of cases, as I urge all to test the accuracy of my statement. In the treatment of stricture the bulbs are of course not used. I make use of graduated steel sounds, the same that I used when in general surgical practice to treat male stricture. The action is two-fold—to dilate gradually and to cause the absorption of the constricting exudate, and that latter end is not attained by sudden and forcible dilatation. The treatment made two or three times a week, extends over a considerable length of time; but the relief given to the patient early in the treatment is very satisfactory. A dilatation of the urethra is no more important than the absorption caused by the passage of the sounds, it implies a more or less prolonged treatment.

The use of electricity as a treatment I have not had any experience with. Fissiaux states it has given good results at his hands, but I have found the use of graduated sounds so satisfactory that I have not been tempted into new ways. I believe that electrolysis so-called, in the sensitive female urethra to be a very painful method, and would not promise any more speedy or permanent results than dilatation.

In conclusion I again urge the employment of the exploring bulbs in all cases of dysuria, with the conviction that those who will faithfully follow my methods, earnestly seeking for the truth, will find ample verification of what I claim concerning the frequency of stricture in women, and the important part it plays in the disabilities of women.

THE UNIVERSITY OF BASEL, the only university in Switzerland that has excluded women students, has just decided to admit them to the medical department.

## SOME OF THE VAGARIES OF THE GRIPPE.

*Read in the Section of Practice of Medicine, Materia Medica and Physiology, at the Forty-first Annual Meeting of the American Medical Association, at Nashville, Tenn., May, 1890.*

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The influenza, or "grippe," as it is generally called, Protean in its forms and chameleon-like in its aspects, has made a flying trip through our country, and left its multiform impression upon our population. This strange disease enjoys as many titles as a European nobleman: influenza, because it exercises such a decided influence upon all the tissues and functions of the human body; *la grippe*, because, when it once takes hold, it rarely lets go its grip; *rheuma epidemicum*, because, under its dire influence, the universal nose and throat becomes a perennial fountain; *cephalalgia contagiosa*, because of the infernally Plutonian headache it induces; *fallette*, because, when attacked by it, we are driven almost to madness; *coquette*, because it plays with our feelings as a cat does with a mouse or a young lady with her devoted admirers; *petit courier*, because it runs from organ to organ, suffering none to escape, until we almost wish ourselves dead, to escape the torments of the dreadful disease. We might go on multiplying epithets *ad infinitum*, that have been applied to this polymorphous disease; but let this suffice as an introduction to a brief and unvarnished account of the strange antics of this Harlequin of diseases.

It is not my intention to attempt a scientific analysis of this strange visitor among us, which doubtless has been, or will be done during this meeting, by minds much better fitted for the task than your humble writer; desiring only to give a brief sketch of the unwelcome visitor as it appeared in our midst. I cannot give statistics, having none at my command that are reliable; I cannot enter into a scientific discussion of its etiology, because I have not fathomed it; its symptomatology, because that would include a description of all known diseases; its diagnosis, because it resembles all other diseases in some of its forms; its prognosis, because it is as uncertain as the winds. Neither can I say much of its treatment, because, though called upon to treat several hundred cases, I have not succeeded in establishing any fixed principle of treatment, but have simply proceeded in a tentative manner, treating the symptoms as they arose. Therefore, knowing nothing of its causes, though without doubt the bacillus will sooner or later be discovered; but little of its treatment, having only proceeded empirically in the management of the cases that have come under my observation, I have thought it best to speak of the whims and vagaries the disease has been guilty of as seen in the valley of