Graduation from 1851

"David Keith, A. M.

"Treatment of organic structures of the

thorax. by French Surgeons."
It is intended in the following pages to bring together a compendium on the subject by the views of the most eminent surgeons of France, with the view of elucidating some important theoretical and practical points, in the heart\footnote{1} and also of this disease. In adopting this mode of illustration the propriety of which might be called in question, we have taken advantage of the principle advanced in a series of posthumous letters by Dr. B. B. and some of his contemporaries which appeared edited by Prof. Syme in a late number of the Edinburgh Monthly Journal. These letters are originally intended to counteract the injurious effect which the operation of Sir Edward Stone and his supporters was producing on British. Operations appear there been published by Prof. Syme, with a preface somewhat similar and he regarded as a protest against recent attempts to reintroduce Sir E. Stone's doctrines into English practice by proving that even in the Golden Age of Cauterization its dangers transparency was generally acknowledged.

In both cases in the original publication of their books as in their recent publication has the principle been recognized that in the study of individual subjects such as the employment of cautery to structure, a comparative unanimity or even a near compliance of the opinions of those who have the extensive opportunity of forming a candid judgment furnishes useful practical indications.

The subject of Clinton of the bladder, may be considered as nothing more than a series of practical questions each of which may be judged individually. The purpose is select some of the most important of these and by submitting them to the test of general experience, etc.
Among the crowd of such questions, which the subject presents, there are several which demand particular attention from one who is a candidate for the Medical honors of Edinburgh. From this University, has lately emanated a new procedure for the cure of organic structure — the value of which has been purely conversed to the Lancet and the English Journals. The discussion thus produced has elicited from several London surgeons eminent in the treatment of chronic otitis, with regard to the theory & treatment of this disease, diametrically opposed to them which we have been accustomed to hear taught from the School of Clinical Surgery in Edinburgh. The Whitty, Property & Insolvency of Personal Incomes have been questioned — the publication of Mr. Bell's letter, has been characterized as contrary to the laws of commerce, country & liberality which should characterize all scientific discussions. Carrying out as advocated as being particularly remiss,

1st. In structure, a castaneous nature & impermeable to instruments.
2nd. Structure, long standing, admitting with difficulty small instruments, & bladder stone & pyloric calculus, introduction. 3rd. In intractable structure, the impermeability of structure in acknowledged to be a common occurrence in practice, structuring of the bladder from the Rectum, recommended as an irritating pax of dressing, inconvenience and preferable to obstructs attempt

or colubrum. The most common end of structure is void in

the membranous portion of the bladder. The Per absorption theory of dilatation as taught & practiced in Edinburgh is characteristic as above.
In the following pages devoted to an examination of the views held by organic structure, the leading surgeons of Paris many of who are of the opinion, will be brought under consideration; and it appears to us that the results which we thus hope to obtain may be advantageously employed to judge on questions which are still subject of controversy in the English Journals.

In the first section we shall examine in how far an unanimity of opinion exists as to the situation of arteries. Cause of development of organic structure.

In the second section we propose to present first a series of general descriptions of the treatment recommended in practice by M. Alibert, Anselme, Perron, Segales, Vulpian, Pecquet, Paulmier, Vollet de Caro, Caillez, d'Estroles, Lallemand, Bassin, Perny, Tardieu, Rubner, Hugo, Lissarague, among others. Having thus laid the foundation of the general views of these surgeons, we shall proceed to review their testimony as to the results of the different modes of treatment, such as evacuation, cautery, traction, ligation. The results of the latest effects (on the bowels) of this process will be classified in a certain degree of permanence, permanent cure.

In conclusion we shall dwell on the subject of evacuation of the bowels and in a reference to the present state of our method of treatment determine in what estimation was held such process by the recently deceased surgeons, especially our contemporaries with whom I have been the chief of the Home of France.
The reasons which have induced us to abandon this pursuit of inquiry, in preparing the subject of Inversion of the uterus, and appear to us in concluding part of the whole.


(Extract from Lancet, May 1844—Proceedings of Westminster Medical Society, May 1844.)

No George Smith had a paper in the next of the学会 of the uterus.

He stated that it was generally entertained notions among the profession that permanent structure of the uterus was most frequently situated in the upper

innominate portion of the canal; but he had been led to believe that this was

very rare the case. Of 96 specimens of structure he had found the disease

situated in the innominate part of the uterus only in 21 instances.

The structure was found to be in front of the triangular ligament

and in the majority of these the structure was seated within the

umbilicus of the fallopian portion of the canal in a little way in front of the

vulva. Smith remarked that structures were usually situated at

the innominate portion of the uterus. Of the specimens observed in more

cases had not exhibited thus it must be restricted that it was only the

rare cases of the disease which were noticed: and then in the mean

innominate portion was too common to point out.

Summarised—organic structures never exist beyond the body. They have

been described as existing in the prostatic part of the uterus,

but we do not know any anatomical preparation demonstrating

such facts. Although they may be situated at any

point in the uterine portion there is one which is most
frequently affected the point of union of the bladder and inverted parts of the urethra. Where there is but one structure it is often at the bulb and when there are several, there is but always one at this point.

In Bulging — Organic structure exists so rarely beyond the bulb that Dr. Arnott professes never to have met with one in this situation. They affect especially the spongy portion, I may take place at any point in its extent, but the most frequent seat is in front of the ligament of the bulb, that is in front of the muscular portion.

In Perineum — Structure may exist at all the parts of the spongy portion, but it is met with most frequently at the angle of the urethra, as well another admit the existence of structure in the membranous portion. I shall also admit it, but I cannot do so without acknowledging that this structure is extremely rare, for I do not meet with it in my practice — I cannot know admit the existence of prostatic structure as we have so encountered it within in the living or dead body.

In Proctus — Organic structure may exist along the whole length of the urethra, but the most developed part commonly is near the front of the canal in the vicinity of the bulb. Structure of the first are almost always produced by an inflammatory affection of the glands.

In Scrotum — Pelvic Laurent's of all structures are at a short range (12 inches) from the urethra — that is to say the median
behind the bulb beneath the point of the commencement of the membranous part at that point when the turbinæ is naturally retracted. With reference to membranous structure Dr. C. adds, "I have myself observed that I have a preparation of this nature in my museum. Of course it only admits the existence possibility of structure in this region, but places them second in point of frequency." So one, that does not appear to be correct.

In Circa — The most common seat of structure is at the bulbous part of the canal, at the juncture of its movable with its fixed parts. If there are several it is the almost invariable rule to find one often the most considerable at the bulbous portion of the other, between the other glands. As to structures seated behind the bulbous portion it is at present well known that that except in diseases of the prostate (which do not always cause contracture) the character constituting organic structure are rare at this part of the canal. The membranous part of the turbinæ is ordinarily long developed when there is a structure at the bulb.

In Deprivié — Dr. D. states that his opinions on the situation of structure are almost identical with those of Dr. Circa. He adds, "There has made so much difference of opinion on this subject in the conformation of hypertrophy of the prostate with true structure. It is a fact worthy of observation that notwithstanding all
our researches the most minute and the most persevering we still recognize the existence of structure in all the regions of the nod. As to their most frequent seat, this is a point not determined.

Mr. B. — Organic structures occupy in general the empty area from the bulb to the urethra. Behind the bulb, near the origin of the muscular portion the greater number of structures are found. Organic structures may affect the whole line of the urethra from the penis to the neck of the bladder. The proportion is generally admitted as incalculable. But some differ as to the more common region. He again asks that they are most common in the vicinity of the bulb.

Mr. B. — It is true that structures in the neighborhood of the bulb are the most frequent of all. As to the prostatic part, it may be opposed in spite of the observations of Bell, of Jaemmering, that is sometimes the seat of structure not caused by prostatic disease.

Mr. H. — In my opinion the view of Jaemmering that the most common seat of structure is in the neighborhood of the bulb is not conformable to truth. But it appears to me that there are facts which prove the statements of Jaemmering to be a little too exclusive.

Mr. B. - Structure may exist at all points in the canal between the meatus and the prostatic portion, but almost always it occupies the membranous or the bulbous portion. I have never met with
in the prostate part of the urethra. He describes several instances but no distinct case of membranous structure. In one the canal of the urethra was interrupted by a structure which occupied the front of the symphysis pubis and consequently the membranous part of the urethra. In a second the structure occupied the bulbar portion and the neighboring part of the membranous portion. In a third there was a jetous structure an inch in length on the level of the bulb i.e. in the spongy portion without considerable dilatation of the urethra between the structure and the neck of the bladder.

On the Cause, Development & Pathological Nature of Ur. Stricture

The cause of this disease is unanimously referred by French authors to chronic inflammation of the urethra, induced in a large majority of instances by either a sexual attack of gonorrhoea.

The importance of astringents (so generally employed in the treatment of this disease) as a cause of stricture is but little acknowledged by many surgeons and pathologists—although there are a few exceptions to the general unanimity of opinion. "A hemorrhagic" says Dr. Petit in his book "Essai sur le M. Arrosek." A still more astringent injection is the most common cause of stricture. But how happens it that individuals are attacked oftener than are, while in those who have obtained from these it is more rare although they may have had not one but several hemorrhagios? In sixty five patients in whom observation was made by Dr. Petit under Dr. A.'s direction only two had been
treated by injections.

The opinions of M. Annarot on almost every other point of the Pathology of the Urinary tract - his views on spasmotic structure - his anatomical descriptions - have been generally adopted. It therefore is more remarkable that the rule which he advanced to treat injections as a cause of structure is not generally acknowledged.

Thus, in an article in the "Dictionnaire de Medicine" which adopts many of M. Annarot's views the folio passage occurs: "The employment of astringent injections has often been assigned as a determining cause of structure. But structure consequent on irritation resembles the structure of the intermittent fever. In some it occurs is accused of in the fever. The astringent the fact being that the two kinds of irritation lead to a prolongation of inflammation in the affected parts. In the "Houreaux Elements de pathologie medicale" by P. M., the folio passage also exceptional appears to attribute important to astringent injections. "Structure of the urinary success most generally to irritation above all where it has been treated by astringent injections." [2]
question satisfactorily. The formation of strictures can only be accounted for in two ways: by chronic inflammation of the mucous membrane or by ulceration. I am inclined to consider the latter the more probable reason, for it is difficult to conceive how the effect of this inflammation should be limited almost invariably to a single point in the length of the canal.

Mr. Anussat. When an acute inflammation of the mucous membrane, whatever be the cause that has produced it, passes to the chronic stage, one or more points of this membrane may become the seat of an engorgement very circumscribed—which is not always followed by a distinct induration, deprives the mucous tissue of its natural extensibility. And, gradually the urine, in its effort of meeting with a point in the canal where its passage is resisted, pushes it forward, raises the membrane at the affected part, thus forming a distinct elevation, most distinct posteriorly, which soon becomes an obstacle to the emission of urine—when the inflammation has involved all the circumference, the urine finding greater resistance presses forwards the mucous membrane in the form of a diaphragm, in the form of a circular bridge, thus forming a valvular structure. Another, but much less common manner in which stricture commences, is by diffuse inflammation, thickening
of the mucous and submucous tissue, or of both combined.

Mr. Amessat considers this form to be rare idiopathical, and to be generally caused by the acute inflammation consequent on the use of canute.

Civialc. When the mucous membrane, which lines the excretory canal of the urine, becomes under the influence of some irritative cause—the seat of inflammation—it sometimes happens that instead of completing all its stages and gradually subsiding, it passes from the acute to the chronic state. It then concentrates itself on one point of the canal, so that it modifies the vitality, so that its walls appear to become contracted and diminished in a part of their extent; submucous tissues increase in thickness, acquire greater consistence, and change their characters. From this results that the canal diminishes in diameter and above all loses its dilatability, its elasticity, its suppleness, essential to the double duties which it discharges in man.

Mr. Civiale considers the inclination to vary in character, according the portion of the urethra which becomes affected. In the strungy portion, the disease generally commences by a thickening of the mucous membrane, but the greatest characteristic of this structure of the urethra, is the rapid and extensive involvement of the submucous and muscular tissue, and it is in this situation that almost all fibrous and catitaneous structures are met with.
Structure at the bulb may commence in the same way, but in the majority of bulbous structures, the mucous membrane has a healthy appearance, and the induration is chiefly confined to the submucous and adjacent tissues. The structure at the bulb from the laxity of the surrounding tissues seldom except from mal-treatment, undergoes the fibrous transformation.

Mr. Levy — As to the nature of the alterations, which produce d'Urville's organic structure, this is still a disputed point, on which there will probably be no agreement for a very long period. This disease is not like Cancer, Rhinitis, &c., of which the pathology is ascertained, the therapeutics little known. The pathological anatomy of structure leaves much to be desired, and does not furnish such exact results as to lead to a unanimity of opinion. Mr. Ricord. The great proportion of organic structures is incontestably due either to an alteration of the surface of the meatus or to an alteration in its walls. Engorgement of the whole thickness of the meatal wall is a very frequent cause of structure, but that does not always exist in the same condition — circumscribed or diffused, it may occupy either a single point or the whole thickness of the meatus, and as in other tissues it may exist either with cavellisation or induration. In some cases the fungous degeneration may take place...
but generally indurations are produced more or less depending on the cartilaginous state. There is an induration to which the theories in vogue have tended to direct the necessary attention. From this it appears to me that is generally supposed, which depend on specific induration accompanying chancre of the urethra.

Dr. S[...].—It is easy to explain the manner in which for general inflammation of the urethra acts in producing structure. The explanation of this fact presents no difficulty. We hold Dr. Record's opinion, that the chronic discharge is chiefly caused by the inflammation of the mucous follicles. In most cases of urethritis, by passing the finger along the urethra, we feel it studded with granular bodies, which I have always considered to be the follicles in question.

In the event of the persistence of the discharge, that is to say, if the urethritis passes to the chronic stage, the granulations assume a much more marked character. It appears to me very natural that the continued inflammatory state may terminate by induration. Inflammation of the mucous membrane itself is often also a cause of structure. In such cases, layers of plastic lymph are thrown out, which by their accumulations diminish the caliber of the canal. It may also happen that this inflammatory terminates by suppuration. In these cases there is a violent ulcer or chancre which gives rise to fle
popular bridges, cavities prominent & indurated cicatrizes. One may establish an analogy between the mode of origin of submucous organic structures and the termination of a simple bubo or phlegmon by induration.

— The form of structure varies according to the intensity of the inflammation, its duration and its nature. When the inflammation is limited to the free surface of the mucous membrane, it produces redness and turgescence, but never as has been thought, induration. It does not in consequence determine a permanent obstacle to the excretion of urine. When on the other hand inflammation has involved the whole thickness of the mucous membrane, when it has reached the subjacent tissues, it then terminates by hypertrophy, by induration, and this is one of the most common forms of structure. The mucous membrane is sometimes simply thickened, and it is the projection, the hilum which it forms in the side of the canal that prevents the emission of urine. Sometimes a portion of the mucous membrane is as it were cartilaginous, but the induration is continuous, equal. Sometimes on the contrary one finds small distinct calcinites. In the intervals between these, the mucous membrane remains normal, or at least extensible. While the indurated portions are destitute of elasticity, suppleness, and are inextensible, and very resisting. The induration may
extend to the cellular submucous structures, and even the spongy tissue which thesecontract, and as it is
straightened the canal at a part of its extent.
A fact, interesting in a diagnostic point of view, has been
observed, that obstructions may exist in the spongious
without forming a projection in the interior of the canal
which refer to being” they may arise from ulceration, it
be rare, or from the effusion and organization of false
membrane.
Dr. Perry, all organic structures of the urethra are the result of
thickening of the walls of the canal, in one or more parts
of its extent. This is not the result of a sanguineous
obstruction, the parts which obstruct the passage of the urine
are compact and firm. There is at the point of obstruction
an increase of substance - superabundance of it - a gelatinous
mucous matter - there is in fact hypertrophy. It is probable
that organic structures of the urethra commence by inflam-
mation of the mucous membrane, and that this after varying
more or less long is propagated to the cellular submucous
tissue, and gradually augmenting, finishes by involving
the whole thickness of the canal. The tissue at length
by a mechanism the action of which we do not under-
becomes thinned, hypertrophied, produces in the interior
of the canal the projection which we denominate "Stricture
of the Urethra".
Dr. Mercier has presented a theory of the formation of structures. He considers it to be always caused by the atrophy succeeding to inflammatory deposit. He quotes in illustration the manner in which atrophy of venous branches takes place—after limited phlebitis.

**The Different Species or Varieties of Structure.**

In Osmiurthia, modern authors appear to have gratuitously multiplied the organic affinities in Structure of the Heart. As for one I have never encountered more than one single species. It follows structure or more correctly the fibrous transformation of the wall of the canal—a transformation which sometimes occupies only a single point so as to constitute a circular structure, or if a thread were drawn tightly round the canal—sometimes to a more considerable extent after the lines or more. Indepesendent of this difference in extent we must admit the existence of sub-special structures that is limited to the mucous concentrated I propose structures in which the thickening of the canal has undergone a fibrous transformation.

**In Inflamed Stitches.**—Admit nine varieties. Inflammation, threads, valves. Fibrous, agranular or coacervate. All others. Regenerated tissue. cartilaginous structure. The most important of these are the fibrinous. A fibrinous as the great majority of structures common by one or other form. At the matrix they are described as being generally vascular, consisting of a small transverse band of thread of the fibrin in various matrices adheres below 2 with a few upper suture. At the upper portion.
They generally commence by a turgescence and chronic inflammation. If treatment be employed the progress of the disease is slow. The submucous layer becomes involved gradually. The spongy tissue, taking on the inflammatory action, assumes a dense, pustulous consistence. The submucous layer of the spongy tissue may attain for a long period their normal character. The submucous layer begins to shrink, on account of its contractility, while it is also drawn out, extending in length.

It is considered at a point of the utmost importance to treat such cases by dilatation alone. If the mucous membrane be destroyed by caustic, divided by the resection, the disease rapidly advances. The spongy tissue forms a species of hernia in the rectum. It becomes inflamed and ulcerated.

In this region of almost all fibres of the submucous layer it is the initial direction of treatment in the first or turgid stage.

Structures when excised at the base may be divided into tracts or layers in this region. They seldom persist within the rectum or the contractile structures, except in the spongy part of the rectum.

Mr. Andrews. Dr. C. divides structures into four classes: 1.EDITOR.

2. Tubular 3. Structural with chronic congestion or inflammation of the mucous membrane. 4. Callous structures which are formed in the submucous or spongy tissue. "The tubular structures are perhaps the most common. They are the rigidly empty, and are filled with a film or gum. An ulceration is, however, a species of greater breadth, more, in which there is either extenuation of the mucous membrane or what is formed by the cicatricial ulceration.

Structures of the third species are more common in the old.
Than in adults. They are particularly observed in those who have
for a long period made use of strong wines or spirits inHitlation.
Mr. P. appears to have seen few such cases. The only one quoted by Mr. Pett. In both of these which had been long under treatment
the p.m. examination revealed extensive purpura beneath of the mucous membrane. Mr. A. considered the affection of
M. J. Rouxman to be of this nature. His method was unmistakable
and yet no organic alteration was found at the autopsy. He remarks. Mr. Pett. which confirms this opinion, in that Mr. A.
for a long period made use of the tincture of ipecac. This case was
from the same source as that of the two patients just mentioned. Some
time adds Mr. Pett. The mucous tissue is affected in this form
of disease which renders the case more grave & difficult to cure.

14. Callous structure. These cases comparatively are in those
who have not been submitted to cautery action, as much more
prevalent when repeated & profound applications of caustic have
been made. They may also be formed by the cicatrization of
wounds & parasites. At the autopsy of such cases the mucous
membrane is generally normal. The indication has its seat in the
cellular submucous & submucous tissue. The fibrous tissue is also affected.
If cellular have disappeared and it is transformed into a white tissue
which with the subjacent structure occasionally forms a cubicle
which may acquire the kind of a condition of cartilage. When
the cubicle is laid open in its whole extent. Thus seldom with
any projection, any acorn like elevation, but simply constriction of the


discussed part 2 2 3 4 5. From a glance at the representations in an essay of these diseases we cannot help suspecting that they are all within the reach of the imagination of their respective authors and have been designed from the impressions of unfaithful practitioners by appliqué logics. 

For instance, we find in Sallie of the author, however produced such projections as we are accustomed to the plates of Mme. Vaucaire, Dupont, Ingrand, & Cie.

Mr. Segales - organic structures are formed sometimes by a bridge in the enclosure which projects into the interior of the mother. In general, they consist of a thickening of the mucous membrane of the canal, or in an indentation of the neighboring cellular tissue. They rarely depend on an accidental lesion developed at the walls of the canal. They may be circular or exist along the whole circumference of the mother or be limited to a mere of its sides. This length varies from the thickness of a simple membrane to almost fifteen times its usual mode.

Mr. C. describes four species of obstructions - Buddle or valve shaped obstructions, Induration of the mother walls. 1st. The existence of free spaces in various parts of the mother has been proved by a considerable number of anatomists. They often observe also the egress of urine employed for dilatation been converted as if by a ligature or a delicate thread. 2nd. In extent, thickness, constancy duration are extremely subject to vary. Nothing certain can be established on this point. Our knowledge does not extend.
on a sufficient series of observations... All that we can establish
reasoning from the data furnished by the impressions of soft tongues, in
rather than from autopsia which are rarer to few in number
is, that the bladder objection has then made its most frequent point of
attention, principally at that portion of the canal attached beneath the
symphyses pubis. That they nearly occupy the whole circumference
that they are most common towards the lower surface that their
structure is almost always transverse, although they have been seen
oblige 1 ever longitudinal. That there may be several one in group
of the other but that in most cases there is only one. But their
consistency & thickness appears to vary in proportion to the duration &
development of the disease. It appears that the folds or nature
structure do not rest stationary, whether from the deposition of
corpuscular lymph or from the hypertrophy of the submucous tissue.
The structure gradually acquires tension & consistence.

43. Thickning & Induration of the internal walls... Th. C. comes
due than much less common than the other forms of structure... it is fully
characteristic of the eponymous isolation to be in general provide
by badly directed treatment or injury. In advanced cases... it
keeps us hard, contracted, compact: of a purely white colour.

The submucous tissue is the mucous membrane which covers them... are
confounded to such a degree that are thus can be distinguished
of its pertinent form. The eponymous tissue chiefly diminishes
or entirely disappear. Sometimes I have seen the entire surface
inadequately uniform the whole extent of the contracted point.
In other cases there may be only two or more very intesine points alternating with intervals less distinctly defined. Sometimes the amalgame forms an adventitious granulations. It is a haemorrhage from the long irregular structures after repeated cautery action.

In animal tissues, an important practical distinction between true infarction and fibrous degeneration is made. He considers the latter to be more likely in uncomplicated cases. It is worthy of remark, however, that fibrous or callous structures have often been confounded with the ramified, thickened, indicated, elongated variety. He notes the distinction between these two species is difficult to establish in the living but even the dead body, even from the examination being too superficial.

In the present state of the science, it is only by what is observed during life that we can accurately distinguish during life the fibrous or callous structures which exhibit special characters independent of the heart; derived from their constitution. I have already said that the infarction occupies the immediate part of the penis from the glans to the meatus, while the ramified elongated indicated variety in more particular early activated at the angle of the structures. Their distinctiveness above all fibrous structures in the eyes of practitioners is the result in which they oppose to the means of dilatation. They are not peculiar when they have acquired a great development, and least the humeur dilatation which may be produced does not persist. Very soon when the use of loops has been interrupted the artificial walls are as much compressed as at first a certain number of vascular structures are...
The hand which beneath the arch of the palmar vault is tried by pressure may be sustained at least for a long period. It is then because pressure has confined the species of stenosis so different that we find mention made even by many esteemed authors of ulcers, stenosis at the union of the bulbous and membranous portions of the urethra.

Mr. Dufour—In the first edition of his work Dr. J. adopted Dr. Caro's view on this subject, but in the last edition he divides structures into 15, stenosis beneath the mucous membrane, sub-mucous structures including those which are caused by thickening of the mucous membrane, 15th being mucous structure. Stenosis on the mucous membrane depending on the accumulation of elastic lymph. Carcinosis from which one must evacuate ulcers or complications of the structure. Stenosis of the mucous membrane a stenosis of the internal integument of the urethral walls.

Mr. Perron—There are some structures which occupy the whole circumference of the canal. These are named circular or annular stenosis. These are others which occupy only a part of the circumference alone. Linear, or linear. Structures are not really distinguishable by their extent from before backwards. They present nodular, tubercular, indurations which may be felt by the fingers through the external integument. I name these carcinomas on account of their resemblance to muscular tissue of the being formed of well-marked fibres. They vary in consistence. At their commencement...
Phys. recit. 1st. Ed. 2nd. 3. - No way that there is an organic structure of the earth, when the earth, from some unknown cause or cause, is on a new point of view, that extent a permanent diminution in circumference, in consequence of a change of texture. This appears to be the only cause which meets the name of structures. A change of texture which also affects more or less the elasticity of the tissues of the earth to me to be a character constant and essential. From my researches on this subject I can state as an absolute fact that in a true structure the walls of the earth are smooth, while potter's and entirely substitute of vascularity. I may add that Dr. Young's has arrived at the same results. Structure is not deep but in the extent, their width, their indentation. Now rest a their number.

Dr. Young. - Dr. Young adopts Dr. Young's division. Waddington's classification. Earth in Classification. Volcanic & Vegetation.

Dr. W. describes the build structures as characterized by small roundish cores situated harmoniously generally on the lower wall of the vessel, as at last projecting to the eye. I best distinguish a dead subject by hearing the crack along the lower wall of the vessel from behind forwards. He says that the vessel that it is so suitable for a sick subject, but this vessel occupying the whole circumference.
2. Thickenings of the mucous membrane, the extent of which may vary considerably. In no variety are described. Sometimes the mucous membrane becomes rough, vascular, bled easily, at other times it seems to an almost pustular condition. Because what is indicated. In the former case there is great constancy, contrasting with the colonics of the second. For the p.m. examination, the marked projection is more marked, larger, and of greater extent than in the simple vesicular structure.

3. Submucous enlargements. These are described in opposition to the amount to be the most common form of ulcers. The nature of the ulcer, without denying that the treatment by cautery may prove successful results equally sure, as it appears demonstrated. And the submucous enlargements are of all varieties of structure, the most common in practice. They do not always inject intact. Almost constantly, the mucous membrane participates in the anatomical alteration which constitutes them. Thus the lesions in a variety of organic structure are in a great proportion of cases united and are eti with difficulty. All well authenticated cases of this complete isolation. In the mucous canals. The bleeding and its epithelialisation. The isolation. The typical in addition and a chronic submucous induration, without a similar change in the mucous membrane.

On the contrary the structure point is much firmer, a resistant than the other parts of the mucous —
From the preceding pages it appears that Dr. Cunningham's report as to the importance of ulceration in producing structure is not generally recognized. I am not a traumatic structure. It cannot be regarded as a common but as a rare occurrence.

A few extracts may serve to indicate the state in which the question rests.

Mr. Cawthorne. — Ulcers of the bladder are perhaps not so rare as hitherto supposed. Dr. Bickersteth has reported a case in which the bladder, a stoma formed by a true stricture, smooth convex surface, surrounded by wrinkled folds directed towards the edges. The cicatrices may be the result of such ulcer. The patient, whom Dr. Cawthorne speaks as the natural membrane was found ulcerated in several places, associated towards its surface.

Mr. Cawthorne makes no mention of structure, but as the ulceration just was not cicatrized it is not surprising that the case preserved its calibre.

Mr. Lees. — Mr. S. Lewis testimony to the unanimously acknowledged fact that recurring ulceration posterior to the structure are common.

"But," he adds, "ulceration may also be primary. It is reported occasionally that the base of the ulcer is already cicatrized for some time has begun to project out the channel of the structure, while the surface is not yet cicatrized. In this way ulceration may be found in the structure itself. Almost every one agrees in recognizing the reality of ulcerations of the bladder."

Almost every one agrees in recognizing the reality of ulcerations of the bladder.
chances in this canal. In another passage (in which he however does not
mention he refers to tracheatic structure) analogy first equality proves
that these tracheatic views are the cause of the most diverse species
of structure.

In Malizia — Dr. P. after giving his anatomical division of structure remark

"it is necessary to add another variety much more rare: vegetative
structures which are sometimes like the tracheal trunks, sometimes
lengthened.

Allman — Although these are rare as a consequence of glomusery.

Before you certain suppuration in little chronic but chronic diseases
are caused by them. The tracheatic which are consequent in them
may constitute a species of the build a valve shaped structure.

They do not however produce any distinct severe symptoms in all have often present appearances than
structures caused by acute inflammation.

In Recond — Dr. P. has demonstrated that elongating in my case

A second variety of structure to which allusion has been made
by almost all French writers on medical disease I which it is highly
important to examine in structures from carcinosis or vegetating of
the mucous membrane. Thus appears to be among the reasons
of France a common desire to defend the发言 of the idea.

Pathology — Dr. P. has written a work on this subject

Dr. Paget has attempted to prove that the opinion of the
early writers have been misunderstood — that the words
structure & curiosity were at one time synonymous.

Mr. Roy - When almost every one agrees in recognizing the reality of ulceration of the bladder - when the existence of concealed bladders is admitted - it is not easy to comprehend how the production of such in their ulcerated surfaces we should regard as impossible. I even appear to me that the destruction or alteration of the mucous membrane is not a necessary condition. As we saw in the human stomach assume this form without any previous ulceration? Is it not so in the bladder? Is it not so also in the mucous membrane otherwise? But there are facts which better than anatomy reply to such objections. Carcinoma are developed more particularly in the false cavities when the mucous membrane by its irritability shows its greatest resistance to the membrane which covers the RMS of the prostate.

During the last fifty years a number of such cases have been observed - They have a different aspect according to the different situation which they occupy. At the neck of the bladder they resemble small polypi while in the lower part of the bladder they are more akin to the ordinary neoplasms on the crown gland. Mr. Royz gives a drawing of a bladder in which both species occur frequently. He also describes two or three cases which fall under his own observation.

Mr. Anderson - The existence of these abnormal productions has been proved by a multitude of autopsies. I have seen also a small number of them. I have dealt with a small number of them.
I am at the hospital Ickham. The new human patient was cared with small granulations of a dirty greyish color, some of which adhered slightly to the mucous membrane. Which often were converted into part of it. The description of these cases which he saw in the museum of St. George's Hospital London, "Carcinosis," he remarks, "always occupy the injured part of the mouth."

Dr. Malingr - Dr. Malingr considers a carcinoma as a form of stricture. He adds, "They are much more rare than the other varieties."

Palliser - He cannot presume to say that these growths cannot exist; but in the mucous membranes of the mouth. Since all other analogous phenomena offer numerous examples, it is sufficient to say that new researches are still indispensable to form their existence. Establish their relative situation to determine their treatment.

Dr. Segale - Strictures are sometimes formed by a trans or pharyngeal incision, which projects into the interior of the mouth.

Dr. Vepiri - Their importance is often exaggerated. They have been admitted to exist in many cases when it was impossible to demonstrate their existence. But this is no reason why we should fall into the opposite extreme and deny them in others.

Dr. Selve - describes several cases under the name of pedunculated with.

Dr. Minor - In his work on the glands he describes a singular case in which he had met with metastasis.

Dr. Picard - In certain circumstances more common than modern writers appear to think, the calculus of the mouth is indurated and the are retracted by the pressure of the (Carcinosis)
of the ancients derived by Magjorp in + this but which Bell
Hunter Archie + Balfour have admitted with unison.

Regulations as Nyctis Littoni i e a common law have observed
may be decided at any point in the matter. I am not
with them completely engaged in the matter when they are
very common in both species of the common, and of the
new common part of the matter. They may sometimes be begun
by their acting to third, and by their giving a reason to
agree to what one would experience in perfecting the theory
of the common. They yield easily to combat in for the exercise
by a reason or to cantonisation to them.

A third species occasionally mentioned in the various sects
in the mind. The existence of species at the same of the species cannot be
doubted. They frequently accompany improvement of the problem
but in the heart parts of the matter. They are for from being
generally admitted. Their existence can hardly be for
lost by induction on the living subject. The abundant knee
muscles produced in certain plants by the subject control
of a flabby sound sometimes even producing a jet under
the belief that nothing but the rupture of a vein or
produce with an amount of hemorrhage. There are no
impairments. Two days after the cantonisation at the moment
when the rubber becomes detached.

M. Duprieur. Various of the matter in which Duprieur has an
strongly resisted, both of which many hard men absolutely deny. The existence ought not to be completely rejected. There was no occasion to observe a fact which so much favours the idea of their existence. I suppose it is a kind of remuneration produced in human beings to consider how little it is certain that he could avert it did not come to continue the treatment. If the fact establishes a probability it is far from being a demonstration.

In the mind — the parts of the mucous membrane of the rectum are not perforated, but a large one is removed in the posterior part of the canal and at the neck of the bladder. This presents a sort of herniated condition. It is also not with at the anterior part of certain structures to consider it the reason for the matter remaining. The reason of the matter probably seen distinct to the canal is not only complete reduction of weight.
The Hypothesis brought forward by Mr. Cuvier is not as it has been generally assumed - and his limitations of organic structures to a single species coincide with the numerous minutiae of forms of structure which have been described in the preceding pages. Taking however a brief sketch of what has been written - it appears to us - the division of Mr. Cuvier (if division it may be called) comprehended all the ordinary forms of structure described by the author.

The Pathology of disease has been examined by French surgeons in two ways - by aspiration in the urine by post mortem sections. The facts obtained by the latter are still completely insufficient to render clear many of the points which have just been examined. It is apparent that the path of this art in the Pathology of structure can never be filled up by the imperfect results of aspiration. That this has been in some measure attempted by French surgeons cannot be doubted. It is an erroneous theory of structure advanced by another which have as the foundation that the same process by the plastic theory.

The division of Cuvier's which was introduced as an aid to the use of elastic has already begun to show in its downfall. If it is not unanswerable to say that its complete abandonment in the treatment of disease will lead to a corresponding misappetition in its pathology.


The value of the Plastic diagoras - is the estimation in which he
held in France will be again examined after completing the
method of treatment which we now listen to.

M. Civiale.

In the early part of his practice, M. Civiale became aware
of the importance of the plastic treatment of the camp, so that he generally
employed in diagnosing was substituted the soft conical wax toyris
which he still recommends. In diagnosing structures he first
proceeds to the section in order to feel the medium size of the
structures. He introduces a conical toyris which having passed the
structure is retained in the wetting for several minutes in order that a
sample of the structure may be formed on its soft substance.

He argues the advantages of this method of diagnosing,
especially in advanced structures and in those extensive parts of the
wetting - but he considers it an indispensable aid both to
the diagnosis and the progress of treatment.

In the treatment by Plastic M. Civiale employs the
instruments. The soft wax conical toyris - is from this fact
may be deduced one of his greatest characteristics in practice.

The softness of his mode of dilatation. He prefers a
toyris he uses in extreme amount of pain, producing no pain,
addition more than a feeling of full pressure - in cuticle.
avoid over distention of the bladder park. In retarding early
infantile car.
M. C. introduces a longy (gradually increasing the size) daily at
return visit and allows it to remain from a few minutes to
an hour, the time varying according to circumstances.
It can be done not consider complete with the normal state of
the urinal with has been completely recovered. Much
indication exists. The treatment is continued long after the
disappearance of urinary symptoms.

In advanced stages of the bladder in young
female, M. C. in few or practices makes use of the same method
but in many cases when the canal is much contracted, and a,
with difficulty, only the smaller longy he commences the treatment
by the "made to demand" or permanent dilatation. This mode
of practice I consider especially useful when there is partial use
of urine or tendency to complete retention — when there is ejection
of the bladder, or privity when it is an object to obtain. The success
caused by longy has continued of constant expectoration effects. He has
found that in a large proportion of such cases, the "made to demand"
produces instantaneous effects — elicits pain produced by the in-
voluntary efforts to expel the urine. Licitate, the local's constitution
effects of partial retention. I diminished or even weaker the re-
volition.

With all their advantage, M. C. ritual repudiates
the employment of the "made to demand" I consider its addition
indicated except to when acute symptoms of the commencement

of treatment. When the oblique position has been established and the
structure admits of moderately rigid tongs he has always recourse
to the temporary dilatation by which the treatment is subsequently
conducted.

Then an hour or many instances in which the
"tongue in dementium" becomes intolerable to the patient in which
even the occasional gentle pressure of a tong is attended to
incurves the tendency to retention. It is with reference
to such cases that Mr. Cheirth remarks, "There is another
"in the practice of surgery a point which presents more uncertainty.
"must be more certain; it is in the mind the patient finds himself
"in a situation the most precarious, in the habit of being asked
"to his every misfortune the doctors of urinary retention or
"the other hand the measure of art, if he wishes to attack the
"likely the evil, as difficult of application, uncertain, true
"present and sometimes impossible. They may not contribute
"to provoke the accidents which can render it hard off; and yet
"the edema means as our physician well puts it down. A
"often remain without result. For it is to them that we
"must have recourse."

In such instances cases he considers attempts at dilation
often contraindicated from the tendency to perpetuate the
inactivity of the structure and indeed complete retention of urine
which as soon then other to be avoided.

Whence this complication does sometimes be inculcated up

From care and caution in the use of the catheter, from the fact
that though necessary it causes additional irritation and aids in
maintaining the state of irritation. The indication of heat
may in this to diminish local irritation and obviate the
necessity of catheterism with its doubtful view of arresting the
constitutional irritation which is often more fatal. In
commencing the progressive treatment by slow instillations of
water or saline in which Mr. Linné appears to place great reliance,
mainly.

The relative or antiseptic influence of pressure in the anterior
part of the urethra by means of a soft boric pledget or
rubber. The practical utility which Mr. C. has thus obtained
have sometimes been such as to justify his opinion; but it is to be
noted that the method by which he avails his means having been
concluded to perform puncture of the bladder.

When such an attack does not terminate fatally, or
is not severe so as to cause death, it does not always happen that
the cure proceeds to a satisfactory termination. The indicated but
contractile
walls of the urethra are often capable of being dilated to but a
small part of their normal diameter and the attempt to
exceed this by the introduction of larger bongi is resisted and
overcome by the structure so if persisted in may prove dangerous
to life.

I at a late period noted before his death incising incisions. Mr.
Gladst
considered such cases to be incurable by surgical means. In the foul passage he describes this form of obstruction in the particular means least adapted for its treatment. "In these grave cases the means to be put in practice must necessarily vary much — if a large extent of the canal is contracted — indurated — lenticular — even although a skillful hand be able to introduce a small sound, we must not reckon on a cure whatever method we had recourse to — dilatation — incision — cautery. I have seen all these modes of treatment fail — even when prudently conducted — long continued. The patient must retain a sound a diminutive of the utmost extent even for a few hours. No greater is the tendency to contraction. That he will have often difficulty in reintroducing it. "It is not necessary always that the instrument be passed into the bladder. Many patients can urinate freely when the eyes of the sound are as far from the bladder as membranous furrow. Pounds of moderate size may be employed as they prove less fatiguing than those of larger size, which in such cases do not possess any advantage. If the stricture lie at the incurable part of the meatus, any substitute for the sound a long one which may be withdrawn and replaced at each period of necessity. By such means life may be preserved for years."
In such cases Mr. C. considers that the application of Curare, especially if long continued, increases the inebriated and dullness state of the mind, which, not only renders the same effects as the curare, but within a few years he considered deep incisions from the danger which attended them supposable, when the structure was carried beyond the reach of the spar. Toward the end of 1854 Mr. C. published a Memoir on Bractentomy, in which he ascribes to Dr. Ayeard of Lyons the merit of having drawn his attention to the value of deep incisions. In this work his ideas as to the utility of superficial incisions remain unchanged, but that his experience and that of Dr. Ayeard appear to have convinced him that the manner of deep or extensive incisions will ultimately become the established practice in the case of bractentomia. He appears to have distinguished the idea of the bractentomia as such operations and do not seem to advocate the complete division of the attached part. With so far it is left and is its thickness. From case mentioned in the memoir he practiced an incision four inches in length, 1 of posterior subject without bad results.

In this work he gives the statistics of twenty-two cases of an ablatable structure, and of them all the bract which he had performed that operation during the five previous years.
In a clinical lecture delivered Jan. 4th, 1831, at the Hopital Becler.
Mr. C. mentioned that his opinions remained unchanged as to the
ultimate desirability of removing the matter by prompt incision.
He had been performed in 30 cases with most favorable results.

Mr. C. never employs occlusion; this art of cure is
especially beneficial only in very early structures when the
atheroma can be discovered. He never employs it in the latter
cases in the treatment of advanced structures. He has always
seen that he uses the "suture and incision" only in the special cases.

M. Leroy d'Eichard.
He peculiarly differs essentially from that of Mr. Canille.
The purposes are general or uniform treatment of structures applicable
to all cases, but anticipates success in treatment more from the
employment of a variety of means in suitable combinations.
Considering the great difference which exists in the
situation, the degree, and the disposition of structures he holds that
"general method of treatment" is not advisable, but that it is a
more certain mode of procedure to attempt the case of each
species a variety of structure by methods specially indicated by
the existing peculiarities.
He is an advocate of various forms
of dilatation, contraction &c. He considers the utility of each
of these modes of treatment to be limited to special varieties of structure
and that correct diagnosis is essential to success in treatment.
The instruments which he considers most useful for this purpose are "trumpet a book" cylindrical trocars terminating by a spherical blunt point extremity, of different sizes. By them he obtains the length of the structure, the distance of its anterior surface from the meatus, the manner, form, size, and altitude of the prostate body, and hence estimating its insufficiency of art and in connection with this method.

In addition to the ideas of extent, diameter length, Dr. Lory emphasizes the importance of acquiring a knowledge of the pathological nature of the structure. This he often considers to be possible, and at the commencement of treatment. Valuable structures are more easily diagnosed by the "trumpet a book" which, although it passes into the bladder, when drawn without dilating the structure in such cases the appropriate treatment (cystitis or excision) may be at once applied.

Dr. Lory however confines that in every generally in the course of treatment that the pathological nature is revealed, chiefly by the manner in which it yields to the means employed. When the benignity cannot be established at the first examination. Dr. Lory commences treatment by teaching intermittent dilatation, being the subject of me most general method. Nor has it fail to be his success in succumbing to new vigorous methods. Permanent dilatation which may be slow or rapid - Caustication - Excision - Excision.
The temporary dilatation of Mr. Leroy differs in many respects from that of Mr. Cuvier. I mean in its complete freedom from effort, unlike the mechanical dilatation by the force of dilation.

On the first day of treatment a longij is left for a quarter of an hour in the rectum.

On the second day the same longij is left for a similar period.

On the third day the longij is again introduced and after remaining for a quarter of an hour is replaced by one slightly longer which is allowed to remain from a quarter to half an hour. This process is continued till dilatation is complete. The only modification being that in the process of treatment the third longij is gradually omitted. The only one of the preceding day is employed preparatory to the introduction of a fresh instrument.

In ordinary cases it is augmented by one longij daily by half a millimeter, which makes the treatment last about 20 days. In cases which are not amenable to emptying force or introducing the longij it occurs to help at once to the suppository mixture without having previously been introduced at least one of the longij which had passed the day previously. When the dilatation is half completed he employs longij with a fixed curvature to the termination of the treatment.

In many cases the longij has found this mode of dilatation capable of performing complete cases. In many cases which have been without relief for fifteen years.
Permanent Dilatation.

When a structure does not yield completely to intermittent dilatation by boring or when at a certain point it resists further employment of this form, the writer proposes the use of the refund. Of these he employs the latter much more frequently which is both more convenient and less dangerous.

In the permanent or rapid dilatation a long of sufficient size is put into the canal and allowed to remain in the water for 24 hours. The effect which this produces is to widen the structure and to bring it as close as possible to the general introduction of larger bores which are charged every night or two hours. After the hardening is generally restored to its natural diameter, but from the strong tendency to contraction, the core must be followed up at least a week by the use of temporary dilatation. In many cases, this contraction takes place so rapidly that the core must be repeatedly performed in order to ensure a permanent one.

The experience of the writer on this point is very valuable, for he has witnessed minutely a series of cases, which appear to indicate that rapid dilatation is much less liable to objection. That the usual "made a demure." The treatment is concluded in a few days, a period which accurately opposes time for the development of the bad results of the others which often lasts for months and is seldom less than thirty days.

The subsequent contraction which takes place when on the fifth or sixth day the core

(Continued on the next page.)
in permanently with drawn is converted by temporary dilatation con-
mencing always with a smaller size than that of the trypis, which
was withdrawn. From some cases incidentally mentioned
by Mr. Leroy it appears that the contraction induced after the
employment of this method is often not so obstinate as is generally
believed to be of nature that yields readily to the use of smooth trypis.
Mr. Leroy seldom employs the above permanent dilatation
for ordinary stone in clurens) even when the stone has failed.
In a few cases however he has succeeded in establishing a cure,
but in general he prefers to repeat the continued rapid dilatation
1 to dilatation or with temporary dilatation.

Thus in his complications of structure in which he recom-
mends the stone à clurens and in which he considers it to be incor-
rectibly useful. 1. When hydropoty, a congestion of the prostate
exists with structure he produces partial or complete retention.
He considers the presence of the "stone" highly advantageous in such cases.
2. When hydropoty is practiced he recommends the continued use
of the "stone" analogous to that operation; as it prevents the access
of debris or small calcui behind the structure.

Cauterization

Mr. Leroy employs cauterie in two forms of structure
1. When dilatation has failed.
2. In cases insufficient to instruments with or without
intention of entering.

The gumnia which he holds as to the action of cauterie
is not apparently very decided. It appears to think that a slight
rise of substances may be produced by even a slight application
while at the same time it refutes the prolonged employment of the
method as extending the bounds necessary for procuring the resolution
effect. The only one which is useful in treatment.

In advanced structures at the spongy part in addition catrizarion
arguing with Mr. Cireix that nothing has a greater tendency to
render the cellular structure of this part of the urethra more cellular
- insecure. We have also seen that Mr. Cireix also recom-
mands the use of caustic occasionally when the spongy structure
is in their fresh stage. This practice Mr. Long applies adding
further by a series of cases that caustic is hurtful in all
structures of the spongy portion - even in the early stage it
removes the cellular transformation.

In cases in which he has succeeded after the failure of dilatation has occurred almost exclusively in the deeper seated parts of the
urethra. The caustic is applied carefully from behind forward
for a few days dilatation by boring commenced. If the resistance
continue the catarizatio is applied until it has been modified
of parts sufficiently to render dilatation effective.

In the 2nd class of cases there is little choice of treatment.
Dilatation cannot be applied and I prefer catzarization from before
backwards. To proceed cauterization or puncture of the urethra. He applies
however to have recourse to this operation unwillingly, especially in
structures at the spongy part of the urethra - as his experience he
proved that although the cauterization may produce immediate benefit it generally tends to render the structure more callous and indurated. In cauterizing from before backward his intention is evidently to produce loss of substance. In some of his published cases he applies heat kept the cautery for ten minutes applied against the structure. In one occasion he made use of Vainas first.

Scarcification is division.

In L. does not show the distinction between these two methods that we have seen made by Mr. Binzale. He has employed both in cases which were the same. He has never advocated deep incisions; his instrument being constructed so as to excise only those parts which project into the cavity of the rectum. When he can detect the existence of a false or false shaped structure he either septum it by the loupes a boute or by one of his incising instruments. Subsequently to the question is presents in suture union by slight application of caustic, any dilatation.

He has also employed incision in structures of the urethra. Mr. L. confirms that he has succeeded only in some cases.

Perpetual.

When all the preceding methods have failed Mr. L. recommends excision of instruments acting within the urethra. The results which he has obtained are however very slight. He does not appear now to have established a complete case. In many cases he has found even in alleviating the symptoms which his successful cases a long protracted treatment has been necessary.
Mr. S. at one time attempted to cure indurated strictures by what he has named an excitating instrument. His idea however abandoned, having found that its action could not be confined to the diseased parts.

M. Amussat.

In a candid view the plastic mode of diagnosis to be imperfect, more so partially in structure during their early stages. That the luteal or saccate can only be detected as in the dead subject by instruments passing from before backward. He has invented an instrument constructed on the principle of the "tongue blade," but pretending to much greater accuracy. Though as it not only indicates the diameter of the posterior orifice but also the extent of tumour or development, which casual structure alone acquired.

He does not entirely renounce the plastic mode of diagnosis but employ it to indicate the form of activation of the anterior orifice of the structure.

M. Amussat describes the modes of treating structure 1. The Pathetic - consisting in the dilatation of the canal by mechanical means and some type of injection. 2. The Curative - having for its end the restoration of the diameter of the orifice by destruction or removal of the structure. Exenteration Traction.

The first of these must employ only for the relief of existing symptoms and as preparatory or adjacent to the second. It consists that the treatment by dilatation however carefully conducted is generally in


by simple compression on the rectum and evacuation of the matter. 

They were further supported by frictions which can never cause 

their entire disappearance.

Of the curative methods Mr. Annesley in the early part of his practice 
employed only cauterization. But having found this method to be often 
unavailing, as well as dangerous, he was led to search for a new and safer 
mode of treatment.

1824 he read before the Academy of Medicine a description 
of a new method of cure by excision of the rectum and presented his first 
excisionator. This instrument had many improvements which he 
acknowledged in his memoirs. He soon after substituted another which 
he named corona with constructing on the principle of his exploratory 
instruments. Of large size than the first & 22 only he used after it by 
a combination of cauterize & siphon. The structure had been simplified 
desire. He soon introduced a third instrument in 

The advantage of the two forms. The cauterize or combined with cauterization and this combination he considers to be 
the most effective in establishing cases. He has in this manner obtained 
success even in the failure of cauterization - although he 
claims that it does not in all cases even completely he has 
found before by cauterization can be infinitely help frequent that 
after treatment by dilatation or cauterize.

Even in cases curable by cauterization he proposes to 
carry incision. This reduces their number to the level of dilatation making 1828 adjuvant & secondary to incision.
Mr. W. has obtained many cases by scarification alone but in its
form excluding the other two methods he considers the combination
of all three to be the most effectual treatment. He commences the
treatment by temporary or permanent dilatation, incision, cautery,
and then the ulcer has separated, ejects the incision, cautery, and

**Needle Injections**

In America as is well known has introduced the practice of employing
needles in injections, both to relieve retention & occasionally to assist in the
earlier part of the treatment by dilatation. This method is indicated
in the treatment of some of the earlier fistulas, & more recently in France
he claimed the priority of invention, but at the present day if the
promoter race of French surgeons it is universally named the method
of Dr. Amanat.

Mr. A. considers Retention of urine to be most
frequently caused by a collection of mucous particles behind the stone,
believing the need injection to be the most rational & least involving
means of removing them. Thus, sometimes effectively & generally
admits and facilitates the employment of rigid bougies.

"While," says Mr. Petit, "in America has failed in introducing a bougie
of small size he employs for nearly home forced injection as a means
of dilatation, while this has produced some effect he rejects his
examination of the structure using a straight dilator about half
a line in thickness. By this means he acquires information of the exis-
tence of a false passage &c. &c. and after having by the use of the
instrument for a short period become acquainted with the locality
he inserts, his sudden failure to introduce a small sized bougie
This method may almost be considered as a mode of dilatation from before backwards; it appears to be judged by contemporary writers as a more gentle but less effectual mode than that commonly in use.

Mr. Perry.

The mode of dilation recommended by Mr. Perry is of a complicated nature. It cannot be clearly explained without entering into considerable length. He employs various instruments. He condensates urine of vacuums and ejects the crude gum elastic from the other. Each of these assists in rendering the sun method of dilation liable to error in forming a comparatively accurate diagram.

The mode of treatment which Mr. Perry has adopted for all varieties of stricture is dilatation from within outward.

The instruments which he has invented for this purpose are introduced through the stricture. A eccentric dilatation is performed by means of mechanical arrangements which increase the diameter of the parts outward from the stricture. By this method he claims that all the ordinary dangers of dilatation are avoided. He dilates acting from within outward in proportion to the walls of the stricture in a comparatively more effectually, and at the same time less inconvenient than the dilatation by longies, which is then introduced always exercises a more or less injurious pressure on the anterior part of the stricture.

The temporary — intermittent dilatation he characterizes,
as being by no means free of danger - inconvenience from the division of treatment, affording no certainty of a permanent case.

The permanent irritation he considers to have been so many imprudences and dangers that to this he altogether abandons the notion at length into its dangers characteristics of as a remedy, treatment truly injurious.

He objects to Causticisation on a ground which has not yet been adduced to but which is also urged by Dr. C. and others that the action of caustic cannot be limited to the disease contracted parts, i.e. in addition to the effects which it may thus produce he considers it to be little if at all more perfect than deliberate to prevent relapse - it depending not to require the continuance of treatment for months or years.

On Causticisation Dr. P. remembers an enemy to him regards it as a method of treatment which none but a few rash surgeons venture to practice and he pronounces that it can never receive the sanction of the Medical profession. Now some of his remonstrances it will appear that he considers its deeper failures to be of very practical and practical sentence of instead of simply deciding its structure this method had for its object a distinction of substance it ought be taken into consideration.

The method of Dr. Perrier involves a principle which he has never met with the superiority (both as regards freedom from danger and efficiency) of irritation acting from within outwardly. This depends on the Perrier partly on this direction of the dilatory force which
on the greater extent to which the dilatation may be carried - in its present form danger exists and risks. The accidents may or may be foreseen, be said to which the ordinary dilatation is opposed. To prevent consider that dilatation by tropion cannot be accomplished without involving the structure to considerable extent from before backwards.

By this new dilatation M.P. has even found that dilatation can be accomplished in a space of time which if attempted by the ordinary tropon would almost infallibly lead to disastrous results.

In the first application the structure is dilated to an extent of at least 2½ times. In a few days a second application of the instrument, and subsequently at short intervals a third or fourth by which the treatment may be considered as terminated.

To prevent relapse a large tropon is introduced once every 14 or 15 days during six months subsequent to the use of the dilated after which the interval may be prolonged as the instrument is played once in two, three or six months. When the patient has been treated by counteracting great care must be exercised and the urinol examined every two or at most three months.

Freedom from relapse is one of the advantages which M.P. claims for his method of treatment. to produce the same certainly he professes a rule for the subsequent treatment which we shall hear only in his own words.

"The patient may choose between his modes of after treatment to prevent relapse. The first consists in confiding to a
a surgeon or other qualified person the exclusive care of passing
into the urethra at intervals indicated above (3.6 mm) the
largest size longi _tum_ which has been employed after the
dilatation. The second consists in the introduction
by the patient of the longi _tum_ 11-13 to ascertain whether the
canal maintains its proper size. If it is found that
No. 12 becomes obstructed in the urethra or enters with
difficulty the patient must by the use of any large dilator pass
the canal to the diameter of 3½ lines, & subsequently
proceed as before, examining the urethra every few months
until another dilator appears when the dilator must
be again had recourse to. He adds: "The canal can
never have a lumen diameter more than 3½ lines. It is mani-
fest that malignities are impermeable. That any system of
instrument forms fills up the lumen greater in number, which
has hitherto existed in the surgery of the urinary passages
which was the despair of Surgeons & of patients.

Mr. P. states that he has practised this treatment with
success in nearly 200 cases (1847) without a single fatal
result.

Mr. Segalas

Mr. P. enumerates several modes of diagnosis useful in certain
circumstances - among others - the plastic longi _tum_ method of operating,
but he appears to have most confidence in one instrument which
he has named the metaglyptic style: identical in principle with
the late.

The Intermittent Dilatation— he characterizes as very rigid in
its effects even when the tissue is retained for several hours
or to be excluded sometimes with danger from the fact that the
blow must be introduced often by the patient or other unqualified
persons.

He considers it applicable only when the patient cannot abandon
his ordinary occupation to submit to treatment. "The blow" he
removes "if the treatment by dilatation - the precaution which
is exact, the suffering which accompanies it I alone all this
insufficiency to produce a radical cure have led to a search
for other methods of combating organic structure.

Scrupulation & decision he regards to be dangerous remedies
except as the form macularis. when the latter is the most
effective remedy. In almost all other circumstances of
forms of structure he recommends cautery either from within
outside. The superiority of this method he considers to lie
not only in the cure being durable but in the treatment
being less tedious - lip painful and much lip balm to
induce accidents. He fixes most attention of wound &
hemorrhage which he confesses to occur occasionally after
the employment of caustic or caustic of such a serious
nature nor so common as is generally believed.
In Dypicosis.

The treatment which Dr. D. employs is chiefly evacuation, with the view of promoting the absorption of the indurated tissue which more or less characterizes all forms of this disease. The instrument which he employs acts from before backwards, and as it is necessary that it be introduced beyond the structure this must be partially dilated previous to the operation. When the canal has acquired a sufficient diameter it has lost the sensibility which generally exists at the commencement of treatment. The evacuator is applied against the internal surface of the structure. After the operation a gum elastic or metallic bongu is introduced which after remaining forty eight hours (hair withdrawn only during night) is replaced by another of superior size. This is withdrawn on the fourth day, and a succession of bongus employed in the same manner till the eighth or ninth day by which time complete dilatation is generally accomplished. The cure is evidently regarded by Dr. D. as being complete and of a permanent nature. In 1839, when he first published his views in the Bulletin Therapeutique, he had put the method in practice for several years and he states in the paper that “the results merit the serious attention of surgeons.” In 1857 in his work on organic structure he appears to be still more sanguine in his expectations “The results to which he alludes which Deperification he furnishes me are so favourable the inconveniences which accompany so simple and so dangerous with my instruments so insignificant that in publishing my experience I shall perhaps have rendered a service.
In his first paper we mention is made of Incision, but between that period and 1807. M. T. Callet appears to have been drawn to the subject and he has prepared a new incisive instrument for the purpose of dividing old indurated structures.

Although he has adopted Incision properly so called he has met with M. Cacchini & M. Raffard abandoned septicisation but still recommends it in the great majority of cases. It is only where it is inexpedient that he has recourse to incision. The following passage contains a brief synopsis of the views which he advocates on this subject.

"From all that we have said in the preceding article we must express that Sepsicisation & Incision are the means most efficacious to destroy organic structures & complete occlusion of the wound.

The Incision of these operations is applicable in cases when the operation is superficial when there is little induration when there is sufficient dilatability to admit the best of the instruments, in irritable patients & in those who are impatient haste to be cured. We have recourse on the contrary to induration in cutaneous structures which it is necessary to divide at their base (anteriorly) when we cannot dilate it. In patients of little sensibility, in cases where there is an urgent necessity of giving time to the wound, or when in virtue of insidious circumstances, the treatment must be short & lastly, to form a new canal when the induration has been preceded by the contraction of cicatrices."
The dangers of incision Dr. Brown refers to, but he holds incision from below backwards to be the best method of achieving retention of urine in impermeable structures — the false passages which may thus be occasioned he considers to be absolutely free of danger — that when they do take place they do not prevent the cure. "It must not however," he adds, "be concluded that we authorize false manipulations far from it — we avoid them as often as it is in our power."

Among the other inconveniences of this method he mentions the almost invariable occurrence of signs and symptoms of nerve disturbance which occur even in the frequent, after the operation, but he has found that these although they may at first appear of a serious nature seldom fail to pass off under some mild treatment — notwithstanding this objection to incision from below backwards he considers it to be less dangerous than any other method of the only one which can with certainty produce cure. "Dilatation" he remarks, "cautiously timed occlusion can produce no improvement in such cases of occlusion of the urethra."

Dr. Brown appears to have little confidence in the efficacy of the various modes of dilatation — although he does not absolutely deny that they can occasionally effect a cure. "When the structure is very indurated it explains the effects of dilatation are very problematical — if some improvement is attained it is always after a long duration of treatment and sometimes there is complete failure."

Mr. D. is an upholder of Cauterization. He considers it whether, when it is combined with the use of bougies, to be little more effectual & greatly more dangerous than simple dilatation and to be on these grounds inapplicable as a general mode of treatment. He mentions only one class of structure in which its employment is indicated in these cases namely, where after resection has been practised at the cure almost complete, there remains a granular or irregular state of the matter as the former aspect of structure.

Mr. D. considers a very minute diaphragm unnecessary, with a view to resection - as structure can never treated simultaneously, but in succession from before backward. He exceedingly employs the plastic method & has introduced the modification of moulding the plastic materials at the extremity of rigid instruments. He considers this preferable to the wearing away of the canal's central if worse opinions he has adopted.

In Persius:

In Persius points in ways only two methods in the treatment of stricture - Dilatation & Persius. He employs the second of them only when the first has been tried & has furnished incomplete results. His mode of dilatation is peculiar & more resembles a combination of several of the ordinary forms. When the structure has been examined Persius commences treatment by introducing a wide fluted elastic bougie broad at the bar
not referring to a comparatively simple point. This he pressed
forward against the structure till all the dilatation that can be
produced has been effected so he appears to consider the sensations of the
patient a little index to this than the resistance offered by the
structure. The instrument thus introduced into the urethra is kept
in application against the structure for 15 or 20 minutes. On the
following day the same instrument is introduced and the dilatation
pushed as far as possible. Frequently the conical bougies may be
replaced by another of larger size and occasionally several
may be introduced successively. In favorable cases the treatment
is concluded in a few days. In the only after precautions are the use
of a full rigid bougie every 10, 20, or 30 days, according to the
contractility of the structure. When large bougies can be readily
introduced he prefers metallic instruments with a fixed curve.

When the structure is of a more intractable nature
it will not allow the dilatation to pass beyond a point less than
the normal diameter. In these cases in the urethra for 24 hours
the largest bougie which can be introduced, he has often found
that this procedure, although not free from danger, is often unsuppli-
cable in intractable structures has the effect of softening the hardness
of the parts and rendering them comparatively dilatable. He will thus ap-
ppear to consider the permanent dilatation effected in cases when
the temporary use of bougies had failed and capable of enlarging the canal
of not always to its normal diameter, as this method, but he
qualifies this by subsequently stating that in the great majority of cases experience has assured him that this stage of dilatation is of a lasting nature, so that the real limit of dilatability in each form of structure is the degree of dilatation attained by the transgressing tension. In most cases when complete dilatation has not been obtained in this case also which are of an unusually irritable nature Mr. H. recommends incision, but however in the surgical manner advocated by Mr. C. with a new and exciting superficial incision of the writer.

Before employing his instrument he diagnoses the extent of the disease chiefly by the "longing in bounds" but partly also by the pulsating motion - he does not however to consider account diagnostic essential. The incisions which he employs is constructed with four blades. He considers that it can seldom do injury to the healthy tissue as the disease generally involves the whole circumference of the matter.

By incision he does not propose to cure radically only in exceptional cases. It is incidental. The necessity of prolonged after dilatation by longing to strick the tendency to relapse which sooner or later appears though at more distant periods than after treatment by simple dilatation.
Mr. L. employs the splanchnic nerve in diagnosis.

He has no general method of treatment, he remarks: "That all the means imagined for the cure of stricture may find an application. He considers dilatation applicable to a large majority of cases. The method which he recommends is the recent permanent dilatation, very closely resembling that of Mr. Scotty. He commences treatment by introducing a metallic longue-secured or straightly, which, after having remained in the meatus for two hours, is replaced by a gum elastic catheter of a slightly larger size. In ten or four hours this instrument is withdrawn and a third still larger introduced. The duration of treatment seldom exceeding three days.

Mr. L. asserts that this method produces complete cure in many little stricture cases, but in advanced cases time is sooner or later a tendency to contraction. He submits such cases to a repetition of the dilating treatment, which can generally be effected in one half the former time, 24 hours. He advises the patient to have recourse to dilatation whenever the stricture reappears. His experience has convinced him, that such attacks become more and more distant.

Mr. L. appears to have occasionally practiced resection in advanced stricture cases as an aid to dilatation. He considers incision to be the most appropriate treatment at the meatus. It soon the full extent of the stricture, and it appears that he has made one of internal incision in a peculiar form of stricture. "Lastly, there are obstructions to the course of the urine, which are situated external to the meatus. There are the small tumors developed,
in the spongy tissue & even still more superficially. By obliteration they may be prevented from projecting into the canal; but they return with equal promptitude to their former position. Caustic will have an effect on the internal cicatrix, if not reach them. Happily external incision of the tumor causes them to disappear in a manner equally prompt & sure. The puncture, which they form through the spongy tissue precludes them to be easily felt through the integument; above all, when the matter is distended by a large tumor. It is necessary to incise freely the integument & the adjacent tissue, to dilate the tumor in its whole extent, following the direction of the wound, without hindrance of penetrating the mucous membrane or the cavity of the matter. The cure is not be an instant achieved. The tumor thus divided cauterizes becomes arrested. The incision heals over with the aid of a few applications of caustic.

Cautery after.
In Began.

In an article on structure published in the dictionary of medicine, Duncan most of diagnoses by prepared longissis is recommended in preference to the longiss to which is reserved for special cases. It is in a degree recognized.

The most of treatment recommended is primarily dilatation of the fields, coaugeration which is regarded as especially applicable in difficult cases of appendage.

The dilatation is conducted by longiss of catgut or cannutheone when the structure is very small but in general by the ordinary gum elastic instruments except in very irritable structures. When the soft wax longiss are preferable. They should be retained by the patient at the commencement of treatment 2 or 10 minutes twice or thrice daily gradually increasing the length of the periods till the patient can support them for three hours at each application.

These limits ought not to be surpassed and on all possible occasions the prolonged dilatation by the cannutheone is desirable of be acquired.

In treatment by coaugeration is considered to be of great value and with all its inconveniences ought to be regarded as applicable to many forms of chronic. It is even recommended that dilatation d to as far as possible be dispensed with. The reason assigned for this measure is that it renders patients less liable to these accidents which are usually ascribed to coaugeration. The application of caustic from before backward is regarded as a dangerous remedy. Though successful cases are recorded but in all the treatment was long preceding.
The results of incision or occlusion by Dr. Lemoine's instruments are regarded as being comparatively favorable, but not of a very decided nature.


The general mode of treatment recommended in the "anemone du poumon" is dilatation followed by occlusion. After a few applications of Dr. Lemoine's instruments at intervals of a few days, until a moderately sized bronchus can be found, when the treatment shall be terminated by dilatation. This is performed by bronchoscopic instruments with rounded tenets with which we allowed to remain each day in the mouth for 10 or 20 minutes. A radical cure is said to be obtained in less than a month. There is one species of stricture in which this mode of treatment is said to be insufficient only stricture formed by one or two fine tubes consequent on a stop of substance in the canal. Against these incision by some kind of instrument is recommended in order to establish a complete cure. In all other forms of stricture the combination of curettage and bronchoscopy is to be preferred to simple dilatation which requires at least two or sometimes eight or even months to perform a cure while in a great majority of cases is only temporary. It is enforced that this combination is not exempt from danger. That its success is not uniform, but its minor advantages are regarded as being typical of life, numerous than those of simple dilatation.
Mr. Velpeau —

Mr. V. never employs the plastic longi in operations of greater strength of the horns in practice which is to great confidence in it may indeed. For all practical purposes he appears to consider it sufficient to ascertain the situation & character of the structure - by the ordinary gum elastic longi - or catheter. When it is necessary to determine its length he considers the longi a boul to be most less liable to fallacy. Even other vacuum or circular metallic instruments.

Mr. V. in general conducts the treatment of structure by dilatation. He seldom allows the longi to be withdrawn in less than half an hour, and often retains it in the rectum for several hours. The interval between each application varies, ordinarily he changes the longi daily but when inflammation supervenes he often suspends the treatment for several days. He does not apprehend of rapid continued dilatation or changes to be much enervated. The effects of the cured, which comes in showing the treatment as denominates exceptional or accidental. He affirms that the greatest evil of dilatation is that the cure is frequently only temporary.

In those cases which do not yield readily. Mr. V. employs cantharelation to modify the affected parts & render them more dilatable.

He has seen that Mr. Caville employs cantharelation only at the commencement of treatment to render the subsequent use of longi more rapidly effective. Mr. Velpeau's method of continuing cantharelation + dilatation is different. He commences by dilating the structure. In a few days he applies the first cantharelation & follows it up by
a second interval of dilatation. For a second curingation attache as a to the termination of the treatment. "The object of the surgeon is to enlarge to dilate the effect of the curettings is to cure to diminish the healthy quality of the tissues.

It appears however to have met with cases in which the above treatement was insufficient. "If the wound is contracted in consequence of a wound or rupture or any loss of substance whatever the care is in general extremely difficult. I have seen a multitude of cases belonging to this category. Dilatation."

Suscipitation. Curingation can at first as in these cases. "but if the incision be left open for three days the disease expand immediately on the removal of the dilating body contraction commences and one may conceive the difficulty of curing radically this form of structure. It is in such cases only he adds "that the incision of Mr. Arnold or the editions of the cicatrice are indicated"
1. On the Value of the Plastic Method of Diagnosis

Mr. Secours. — The "fœtus emprunté" of Ducamps is a deceiving instrument which does not merit any confidence. It is for nothing but to serve the purposes of charlatanism. They passed into the uterus the soft way changes in form equally under the tension of a fold of mucous membrane — a momentary compassion — a sympathetic movement as under the influence of a true stricture — and I have never been able to comprehend how practitioners of merit could with this pseudo-guise have access to the virtue of vision. How many methods have been successively abandoned because the doctrine of Ducamps with drawn from the uterine has given rise to the idea of imaginary strictures. Dr. Pasquier has then good reason for pronouncing it impossible as an instrument that shall be banished from Surgery.

Mr. Renault. — The indications of the sound examination are always uncertain, always doubtful. It to examine or the evidence would be to expose to injury the sound parts of the canal.

Mr. Duplay. — The enormous trials to which I have submitted this method enable me to advance that it is indispensable to take care of the canals before operating. I do not believe in the possibility of diagnosing the number of strictures when there is a general difficulty in the form of the situation.

Mr. Dacqueau. — The sound of Ducreux is well adapted for discovering commencing strictures — but for them which are serious. The method of Ducamps appears more sure. Without doubt it is j
by engaging the truth of the muscular position of a healthy muscle to obtain no inconveniences due to the natural action of this part, or to a spasmodic structure. But on the one hand this chance of error does not exist, but at this part I in the other may be corrected by the other means which Ducamp has recom-mented.

Dr. Mercier — Mr. Mercier considers the plastic instruments both of Ducamp's instruments to be insufficient. "The tenia a bocchi," he adds, "is a more convenient and more secure.

Mr. Chirac — The insufficiency of the ordinary exploratory sound in a large number of cases. The pain which it induces invariably the incorrectness of the casts which it furnishes have led to the introduction of certain other instruments. The instruments which I employ are soft and do not deform the matter. I cause no fatigue nor irritation. If in some rare occasions it does not assume our expectations it produces as inconvenince to the patient.

Dr. Jaques — The tenia of Ducamp is not as he thought an independent quite even for his mode of practice. Yet it is advantageous upon employing a porta cautex to make an exploration with the then the tenia taking care however not to place too much confidence in the correctness of his indications as to the length of the strum for the best and most exactly defined instruments are at most always the most unjustifiable and dangerous. Many persons admires of Ducamp have allowed themselves to be thus deceived.
II. On Dilatation.

1. On the eradicability of Stricture by Dilatation.

Mr. Anville—If a large extent of the canal is constructed—eradicatable. If also the subjacent tissues adhere partly to this species of ligamentous cord, even although a striped head may introduce a small sound, we must not wonder, on a cure, whether method be employed—dilatation, counterirrigation—incurric. I have seen all these methods fail when conducted with prudence & long continued. The long-eradicatable collors structures have no quick tendency to reformation that their complete cure can almost never be obtained.

Mr. Leary—In the great proportion of stricture dilatation suffices—suffices. When it does not cure it at least produces no aggravation of the disease. Many stricture occur at a certain point. All the forms of dilatation is yield to counterirrigation. While often the employment of both methods having acquired an almost normal diameter remain stationary without tendency to renosis can only be arrested by perseverance in applying treatment.

Our aim is not merely to cure sometimes we must aim at curing always or at least as often as possible.

Mr. Crockett—Two methods of treatment have been put in use to obtain the cure of stricture. The arrest which can only be considered palliative consists in the dilatation of the canal by the aid of mechanical means. The opposite end the destruction of the stricture of the stricture...
Mr. Kelpeain.

It may accept as an estahle, a fixed rule - that every structure, which allows the passage of an instrument however fine - is openable by dilatation.

Mr. Winlock - Dilatation is the indispensable complement of all the other methods and as it is known when uncombined - efficacious in a great majority of cases. It is this which we have adopted a general method securing the time for extreme cases. By whatever method we treat this disease we must procure a cure without relapse.

Ballarat - The length of the treatment by dilatation is manifestly incontestable. At this disadvantage, can only be discussted by its dilatating the time of dilatation as to give the patient part of the day for his usual occupations.

Its insufficiency is equally real in many cases - but it is not an exclusively characteristic of dilatation as the practice of emollients pretend. It is certain that there are some minute of structure which are susceptible of being radically cured by this method.
The treatment by dilatation lasts two or three months, and sometimes eight or nine. In the great majority of cases it is only palliative and ought not to be employed unless in structures of recent date or of little extent. The slightest diminution of the relief which it produces, the smallest number of cases in which it is absolutely applicable, have led surgeons to search for methods of destroying the tissues which compose the structure producing a true and permanent cure.

Mr. Peronix—The extent, thickness, and constancy on the one hand, the pain suffered by the patient on the other, (and in many cases due, not to the proper action of the instrument, but to the improper use of it,) peculiarly favor the progress of intermittent dilatation. Perhaps we are convinced that few patients can be considered except from them.

Mr. Vajram—It is now well established that dilatation gives only uncertain and often durable results. Whatever be the instrument employed, whether the thumb, the finger, the mallet, the needle, or the forceps, it sometimes or often affords a momentary pain or its prolongation, and sometimes a fair alleviation.

Mr. Luttrell—In the immense majority of cases dilatation (the rapid permanent which he considers the best and least inconvenient) may suffice, and even merits the preference when properly performed. Then in many little contractile little resisting structures which do not ossify. At least I have seen many...
which had not been reproduced after a ten years after. While
the indications of a relapse appear dilatation, add again he
had recourse to. Despite of the incontestable advantages of
dilatation there are cases when it ought to be replaced
by other methods.

In pyelosis—Intermittent dilatation succeeds but its effects are
very gentle. I do not recommend it but in those cases
where the patient cannot relinquish his occupation during
the treatment—such is a condition if not indispensable
at least very useful in the permanent form of dilatation.
Besides one is often under the necessity of entrusting the
patient with his own treatment & I have seen many acci-
dents occur in this manner. This treatment is only publish
able. It dilatation in the most generally applicable method
and of all which encountered has the best success. and in
a very great number of cases the useful adjunct of
other methods.
(2) The spiral is designed to affect on the wall.

It inverts. The permanency has not the same efficacy as the temporary dilatation to restore the suppleme and elasticity of the canal. Hence the cure which it effects are less complete and consequently less durable. The sole advantage inherent in the permanent dilatation is that it is less troublesome to the person who directs the treatment. But the convenience of the practitioner ought not to be taken into account if it condemns the patient to a long inaction, with a crowd of accidents which almost every person submits him to a tedious treatment I procure only an uncertain temporary cure. But such is the case with permanent dilatation. It may justify its employment but an imperfect and absolute necessity almost always it induces inflammation of the nasal mucous membrane accompanied by a discharge sometimes expectoration enough to weaken the patient. This inflammation may be sufficiently intense to produce local disorders, e.g., the development of serum, or what is fortunately rare, gangrene.

After the full sized sounds are passed, the urine expels with facility, the patient is cured or at least supposed to be so, but sometimes soon after the last sound has been withdrawn. The jet of urine diminishes, the dysuria reappears. This is an established fact but too much neglected. For insufficient impotence attached to it. If we not fail to
suggest a more rational practice, and prevent the patient from being treated as a purely inert body. This phenomenon presents nothing surprising. It is due to the reaction of the canal d.o.
M. Levy. By this procedure the bougie instead of being changed every eight or ten hours is only changed once in four or five days. The circumstances in which this operation persists and is still employed in the larger hospitals is preferable. This is very common. Certain indurated structures which exist in the temporary, in permanent rapid dilatation become cured after a prolonged use of the bougie in a dense state. These are however few in number and success is best obtained even in such cases by frequently repeating the permanent rapid dilatation followed by the intermittent dilatation. The use of the bougie is dense to be durable must always be followed up by the bougies otherwise the attempt at an
accomplishment of treatment will be followed by contraction of the tissues. The prolonged pressure of sound is not without its inconveniences. The least of which are calcification of the bladder, jaundice, discharge from the urethra. - Sometimes
the presence which they exert is followed by coughings.
In almost all cases carefully followed out, however well directed the treatment by dilatation may be, in last cases
months, even years, the patients cannot always recover
regard themselves as completely cured. The contracted urethra may, it is true, be restored.
to its natural diameter, but as soon as they are left off. The canal
and ducts take all the secretory canals, to return to its primitive state
and the discharge that is produced during the action of these
instruments in the canal is nothing more than the normal secretion
augmented by the presence of a foreign body. The treatment by
dilatation is often accompanied by local and sometimes general
disorders. When pain, fever and irritation appears the sound
must be withdrawn and bleeding from the wound become
appointed. They will be exposed to inflammation of the tissue
an accident very common in those who do not take this
precaution.

Mr. Wellsman. I cannot agree to the danger which accompany
dilatation of the urethra or the pain and suffering which it is
day to occasion. Properly directed they seldom cause it produce
grave accidents. The reason of this change is the discharge which
is sometimes occasioned by the urethra almost constantly itself
after having lasted a few days. The fever, preceded by rigor
followed by sweating, like the intermittent fever, which
it sometimes produces has nothing alarming. The nervous
movements, engagements of the cord, intimations an exceptional
accidents. The treatment to which dilatation is really opposed
is that it appears to admirably require the dilatation
to be carried beyond the normal diameter of the urethra.
Mr. Tellmand—The method of dilatation has been approached as being
of difficult application—sometimes impracticable—always for
Bejou—fuel & procuring after a long treatment only doubtful &
pathetic cases. These reproaches although they have been
much truth have been exaggerated & the inconveniences in
question may be in a great number of cases lessened if all
entirely obviated. They were however perhaps incurred in the
depth of Bejou where benign or tender & chronic cases
almost constantly employed—introducing the medicine—
producing & the more of the bladder & producing all the
accidents which may be the result of violent inflammation
harm— an inconvenience attached to dilatation is that it
is not always practicable. In many individuals it
produces painful erections rendering the withdrawal of
the benign necessary—induces pelvic distensions—renal
nephritis—abrupt+
. . . .
. . . The accidents are not as
common as some authors pretend. In the few years
these responses ought not to cause the prescription of this
method which in a certain number of cases can be useful. When they do appear it is necessary to with-
draw the benign and here recourse to every other multiphasic
medical treatment.

Mr. Tellmand—The long usage of gynec. therapy requires care of the bed
construction has inconveniences both with regard to the bladder
it frustrates the sphincteric organs & the urethral itself.
not only does the mucous membrane become inflamed & its follicles contract the habit of an exaggerated secretion. The inflammation extends often to the ophryg & adjacent tissues sometimes of an acute character tending acutely to suppuration & to traumatic structures however the long continued plasma of a wound is necessary. It is in such cases an unfortunate but an unavoidable necessity.

In Legals.—To most patients the prolonged retention of a foreign body in the urethra is very difficult to support & often is after the first fruits of their practice patience. In the last chapter treatment we have to fear chronic inflammatory accidents, violent attacks of urethral catarrh of the bladder, chronic engorgement of the prostate &c.

In Pervers.—The treatment by boojis a demencia is always very long. It is rare that the patients do not return after a year or eighteen months. In this way many serious affections of the bladder may repeatedly come to the notice of the doctors of Paris. Influenza retention is the result of this mode of treatment. If they were not always moderate & limited to the point of structure we would have little to say against the boojis a demencia. But it is not so. It often acquires great violence. develops itself in all the parts connected with the foreign body in all the canals consequently and also sometimes in the bladder &c. It may proceed to such intensity that notwithstanding every care i
Precautionary measures to prevent infection of urine by abnormal fluid, followed by urinary retention or death.

Bonds à demeure (continued) Treatment in Malignant Prostatitis.

It is essential to prevent the escape of urine from the bladder. The conditions which generally exist are 30° to prevent the urine from passing by the fistula.

To accomplish this last object, the best means is to pass a "coudé à demeure" in the meatus. Examples of cure can be given by hundreds. Unfortunately, there are patients who cannot be cured by this method. Not only does this coudé à demeure fail to cure some prostatitis but often after a certain time it appears to prevent the closure which we sometimes see to take place almost immediately after the instrument has been permanently withdrawn.

\[ \text{Meatus is the explanation of this. Its fact is undeniable.} \]

When the prostatitis are not cured by the use of the coudé à demeure, when they persist for a long time, it has been withdrawn. The cure may still be accomplished by introducing an ordinary bougie at each time of menstruation.

In general - The method most generally adopted is a permanent source of irritation which we suppose of itself to prevent the elimination of the prostatitis, without considering that it does not answer the indications approved. Almost always in fact the urine passes through between the sound of the walls of the canal.
Mr. Warrack.—The only indication of treatment is to prevent the spurring urine by the fistula opening. For this the employment of means to close the orifice is the most rational means, and which is most easily effected by means. This must be kept up till the fistula has cicatrized. In some cases the structure must make quantity be lost to by means of re-epithelialisation and cicatrization. It is prudent to continue the use of the "catheter to drain" sometimes after the fistula has appeared; cicatrized, as the cicatrization is apt to give way unless thus be attended to.

Mr. Vellacott.—The treatment by the catheter is dangerous and not always free of inconvenience. If it remains open in order to drain off the urine as it escapes by the intubation, the heat of the instrument sometimes produces perforation of the bladder, or if it is kept about the small quantity of urinary fluid which almost always filters between the walls of the metal, suffices in many cases to prevent the cicatrization of the fistula.

This is a fact completely demonstrated. It is better in consequence to send the patient a watch, having him to sound himself with a small catheter at every time of micturition. If the patient whose hand failed to cure by this, and a hsemn in 1830 as Dr. Peter was radically cured at the end of three days when I caused his urine to be drawn every four or a big hour.

Mr. Wood—These are four methods of attaining fistula. Of the five, the bolus method is the most indicated for treatment.
inhomogeneous. The course of the same by the emotion by the solution of a condit. a dementia - Men the same as long as passes by the juice. It has a tendency to enclose - but sometimes the same from be tween the sound of the canal a produces such irritation. This is prevented by leaving the instrument open in order that the water may always have a free course.

II. The sound a dementia according to D'Amico has the nature of imitating the piston a wound; acting, in its quality of a string body like a jirr in an issue. It acts only by requiring the structure the canal has a tendency to show of itself. One of the J.C. Iamino it is not necessary to employ the sound a dementia it suffices to introduce a sound at each period of mechanism. In support of this method many facts might be quoted which have been published as cases of instantaneous cure when the ordinary method has been unsuccessful.

Speaking of nature and moroeplastia in these forms of piston which demand such operations in most cases, we conclude to think that the frequent want of success is owing to the employment of the sound after the operation. That it will be preferable to withdraw it immediately after the operation.

Dr. Bogini - Less importance is now ascribed than formerly to the use of sound a dementia in the treatment of multiple fistula. It has been remarked a among others Dr. Delannay has divided with reason on the fact that their presence exists
in the urethra a continued instability and a permanent condition of mucous which is opposed to the reabsorption of their valves and openings. When by proper treatment the structure has been destroyed is the canal restored to its natural state. It is generally the better treatment to catheterize when necessary then to leave the sounds permanently in the urethra.

In Parsons occasionally happens in spite of the employment of sounds to cleanse the posterior fornix. This may depend on various causes. Sometimes the sound itself produces in the urethra an irritation which propagates itself to the posterior canals and prevents them from cicatrizing. This may be diagnosed by the difficulty with which the instrument is supported by the patient, the relief of the external opening, the increase of suppurative discharge at the opening of the sound. It is necessary in such cases to draw off the urine two or three times a day. Then the sound only a few minutes in the urethra tamps the cicatrization but it a proper lock.

In Parsons when after the destruction of the structure by the malleus the urine continues to pass by the fossa - it is necessary to have recourse to your electric sounds. In order to avoid the inflammation accidents which result from the use of the malleus a demure - an effort at first to attempt a cure by introducing them only during the periods of stiction of the urine escapes through the fossa can now be assured of a speedy cure.
But if it does pass in must then have recourse to the exact
dehum. Keeping it continually open for the free passage of the
water. If the inflammation be moderate the patient will
recover, but not if it be sufficiently intense to produce a chan-
nel of suppuration. In this case the pus escapes by the fistu-
lar passage. Macerates & infiltrates its walls & under these
improvements

Epistome. When the canal has been dilated to its normal size
the fistula still persists - it is indispensable to prevent the
water & bile from the removal of the fistula. To attain this end there are two means. The usual
method is drainage & the temporary canul. It is that last which I
have adopted - the patient must be taught to pour boiling
water down a few hours

1. Period. - The temporary use of longies often suffices to cure the
fistula. But this treatment to which nature appears to give
the preference is not that which causes the best & the safest
infrequently. A great number of fistulas only yield to the
usual aplethora. Yet the urine may flow between them &
the walls of the canal. By this or that account many allow
them to remain always open. But, advised as a certain
degree of dilatation as Balmynyn has well observed, any up-
ward constricting action of the internal orifice by keeping its edges
aperite. A cure is only obtained by converting to stubborn
incorruptable smaller or even by withdrawing them altogether.
III. On the effects of Cauterization (on the wants).

In Dupin's view, Cauterization was when combined with dilatation is in general only palliative. Simple cautery does not differ in its ultimate effects from dilatation but it is more painful and more dangerous. Not only in its immediate effects but also in the secondary accidents which it may determine.

The last inconvenience of cautery is to produce an action on the structure. The dangers to which it may give rise are in duration of the structure and of the uveal venous membrane.

Dr. PM. Cauterization is surrounded by great merits and great dangers. As an operative procedure it is vicious in principle and difficult in practice. It exposes the patient to accidents the most terrible. The disease appears in a more intractable form. The cure by cautery is worse than the disease. He regard it as in the first instance a cause of the destruction of healthy vascular membrane of the cataractous tissue. Cauterization produces the secondary effects - the almost invariable reproduction of the structure of greater length and greater induction of often increased sensibility to the action of cautery means.

"If" he adds, "in spite of all that I have addressed the object that be used that cautery is one of the most considerable causes. I am not the man with that of my illustrious teachers to reply "Cave in the days of..."
And when Paris was the conjectural origin of a limb. The circulatory system was plunged into boiling pitch at this point even, even. In my opinion it can have been addressed. But how many have succumbed merely to a proceeding so barbarous? Experience has proved that treatment by cauterize is rarely of less than three months' duration. It is often prolonged for six months or more. I have seen several patients who have been 15 or 18 consecutive months under treatment.

Affirm - In spite of which modifies the parts to which it is applied - does not destroy them. I am extending far from wishing to secure ulceration or destruction of tissues or in short cautery by the use of cauterize of such a nature as to be limited to simple "attachment." I consider it as a special topic to modify the desired parts to produce at the same time absorption of the inflammations, absorption of the matter effused into the nodes of the nerves or submaxillary membrane and by the effects of a true cauterize. Hence the cauterize is the method which ought never to be put in practice.

In this manner a too tight cauterize cannot be sufficiently engrafted when a contractile, eponymous, ligament, tendon, or muscle can not be extended or kept in sufficient extension. Do we employ cauterize? For we act in each case as a cauterizer? The action of it and be to produce a ton of substance which would be replaced by a cauterize.
still men subject to contraction. Even this can not be accomplished without inducing other evils - inflammation in the surrounding parts - prolonged suppuration which I call the still further spread of the fibrous degeneration. It is a sin, as it is with strictures of the bladder.

Then came a great number of patients who had been treated by cauterization and all affirmed that their dose was suspended. I have treated in who had been treated over sixty times by Dacamp & others and yet the strictures recurred with such force that the dilatation could not be intermitted for a day. A young patient who had a tight stricture in the spermatic region. Cauterization, practiced by a most distinguished practitioner was followed by an attack of anuria no interior, no aggravation or relief of the stricture that he immediately put himself under my care.

Dr. Seals' I have never for my part observed the spontaneous reproduction of strictures which I have attacked in this manner. I have sometimes seen it is true, new strictures form in patients whom I had cauterized but I have observed that the site of stricture was changed. When they recurred at the same points they were produced by new hemorrhages and were different altogether different from the first. I speak of them only which I had cauterize sufficiently that which could not be detected by the sound.
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in the membraneous region can withstand the structure. But if
it be applied prematurely and in destructively to all of all
greatly aggravate them. When practiced with moderation
it produces the restoration of the ulcerated tissues. Controversy
beyond a certain measure it determines the following great
formation and aggravates the disease.

In Ammon - When the caustic has been applied a few times
without obtaining any amelioration it is imprudent to
proceed for experience has proved that in such cases
continuation far from remedying aggravates the evil.

It appears in fact that the oft repeated application of
caustic renders the part callous it favours the formation
of indurated very difficult to destroy. This is no partial
knowledge of experience who has all found how much more difficult
of cure them structures are which have been oft the con-
trolled. Staphylococcus as in may easily concurs an
erroneous after the use of caustic. This method is
liable to the fall accidents - 1. Retention of urine 2. Destruction
of healthy tissue 3. Hemorrhages. 4. False fungus 5. In case
since urinary infection.

In Milgram - Obligation is the only general method. The other
modes of treatment ought to be reserved for exceptional cases.
Milgram method or employ us can never furnish a cure
for of ulcers.

R. Holland's Byeze - Carrying out, destroys the sarcothelial tissue.
and at the same time modifies the activity of that which remains. Hence the rapidity and facility of the cure obtained by Mr. Dava and the superiority which it has uncontestably acquired, but it does not always seem to occur. In the irritation of the tissues the tendency to partial constriction.

1. Sensory. The inconveniences (irritation etc.) which accompany the use of strong purgatives have never been doubted, and in which it sometimes uncontrollably produces. The French surgeons also have but little confidence in their curative means of expectoration, but Dava has found that the grave accidents to which it is liable are to be attributed not to the nature of the agent but to the manner in which it is employed. It will direct treatment by caustic in much preferable to merely dilatation. But what is the nature of the specific curative agent employed alone or in union present can be determined only from the formation of bodies and adhesions. It is not sufficient to have destroyed the obstacle to put the cure of the stricture on a level with the cure of the cancer. It is necessary to obtain a cicatrix of the usual diameter of the stricture. This is obtained by the dilatation of the tract of the cancer.

Thus is only one species of stricture responsive to the action of caustics. It is, namely, formed by the proper dilatation of body or substance. He has often employed dilatation with advantage in cases where the suppurated cancer
The action had had no effect.

Experience has in these last years slightly limited the advantage recognized in cauterization and at present this method of treatment is only employed as an adjuvant to dilatation. It is believed to act best by producing a loss of substance than by modifying the activity of the contractile part and it is principally with this in mind that it is employed.

In theory, if we attempt to make cauterization a general method applicable to all cases, it will doubtless be more beneficial than useful but when employed with discernment a product according to indications it becomes if not the only means of cure for a large number of strictures, at least a powerful adjuvant to dilatation. But if caustic be employed in all cases to destroy cicatrices then the cicatrices remain cystic in which restitutio is as long possible. Furthermore it aggravates the disease and prevents the cure which an appropriate medicament might have obtained.

It cannot help acknowledging that there are strictures which do not yield to dilatation but become exaggerated under the action of caustic. Such an in a great number of cases, those which depend on cicatrices formed in indications of dilatation and in which hyperplasia of cicatrices are may, (doubtly through difficulty) apply to the action of increasing instrumental...
From the lengths to which this work has already been carried, it is impossible to discuss several of the subjects originally proposed among others those of Inoculation & Vaccination. The latter of these methods has often a trial of more than twenty years, been in but abandoned in recent practice; while the former, as advocated by Dr. Reyher, has only begun to obtain from the Hospital Lyon of Paris. That degree of attention which its pretensions merit.

It has however been adopted by Dr. Cervi, as the only means of curing severely cases of undiagnosed sickness to it has further been employed by him in situations of a burned and the cases as the only certain means of preventing a return of the disease.

The examination of the past history & present state of the treatment of sickness in France has added confirmation to the opinions which we have been taught to entertain as to the important place that peculiar of the method is yet destined to hold in the treatment of all forms of organic structure.

Philosophers have described not only in medicine but in all Natural sciences the existence of a principle of progressive improvement which at times manifests itself. I may now ask what the science is complete to trace back many form its conceiving stages. This progression is not uniform: it may exhibit many interruptions. Centuries may have elapsed without perceptible advance when, as if by a sudden

inspiration...
support simultaneous movements take place in contemporary schools. Great discoveries are promulgated in a brief period of time. Annual stages of development may be accomplished. Retrogression may also occur again for to the saying of a distinguished man. "Il est comique de voir l'esprit humain revoir ses erreurs dans le même cercle de vérité et d'erreur."

The opposition which Primordial Medicine has met with in its efforts towards the introduction of logical and rational methods to medicine, has been met with opposition. This opposition has led to attempts to re-introduce the use of certain medicines. The introduction of long-standing, established drugs as a retrogression in the treatment of organic disease.

Cauterization has long been abandoned in England. There are few candid writers who refuse to administer the proper remedies of destruction. In the absence of these methods, we have examined the general opinions in a country supposed by many to exceed our own in the treatment of organic disease. We hope that satisfactory proof has been adduced that no argument can be adduced against Primordial Medicine on the grounds of the unfruitfulness of the old nostrums and modes of treatment.
As we have wished to enter further on this subject, I have shown that simultaneously with the promulgation of my System of Pernicous Invasion—an operation in some respects similar to that in principle & results—was proposed in France—which has had the effect of diverting from the mind of the Medical Profession any serious opinions with regard to invasion of the tissues.

The effect also has been shown by an appeal to the opinion of the different French authors. This is silent testimony has been given by them to the sanctity of invasion—warmth as this has been for many years the established fact in the animal practice in which the invasion takes place.

The works of Dr. Legault among others after the death of Ducamp & that of Dr. Girard at a later more recent period. "This is" say Dr. Legault a point of the animal practice when the canker spreads with the invasion of the gum

It is at the anterior part of the gum varicellosus. I have remarked that nature is the effect of cankerous or slight or malignant as here. It produces constantly more or less irritation at the gum & the appearances cause a progressive inflammation of the gum.

These diseases which constitute this group of tumors in the case of cancer & have recourse to a cutting with moist.
"Ours continue means" say Mr. Lee, "have been put in way against this species of structure. Temporary distillation leads being very painful sometimes induces general local accidents, when too quick precipitating is employed. It requires a long period of treatment.

The swords is delicate under consequences so great that remain upon seldom to be had to them.

Cauterization is without result in acute cases of pharyngeal structures.

The surprising, in connection of their methods has led me to adopt entirely another of which the practice of Mr. Stedman has made me appreciate the advantages. Provided I propose him already adopted this operation I shall cite among others Mr. Liddiard, who has remonstrated courts and remonstrances to incision.

An argument has been advanced against Mr. Syme's operation from the alleged presence of impermeable structure—this might have been submitted to the same mode of examination. Were it now that it may operate which have been proved in each case past difficulties. Controverted opinion from before back wards, function of the opening section I have removed many reasons little direct to the necessity of patient attempts to introduce the ordinary broken..."
...among the eminent augurs of Rome—Velia Liris, Cornovii, Lucullus, who consider all such questions as the whiff of wintryuctian hynquists & in no instance have ample testimony that the connected clas of Egypt & Scythi adjourn to the utmost happy of Empusa

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Paris - March 24th 1832