ment made of the cure of the stricture, while no perma­nent inconvenience ensues, as after puncture of any part of the bladder. In passing the catheter to relieve retention caused by prostatic disease, it should never be forgotten that the urethra is in such cases much elongated, and that in consequence the instrument ought to be three or four inches longer than those in ordinary use. The treatment of the enlargement of that gland is entirely palliative ; nor can proposals for its removal by operation be ranked among the modern improvements.

Diseases and injuries of the windpipe are better under­stood, and more successfully treated, than formerly. In the latter, the surgeon is less meddlesome, and his patient is be­nefited accordingly. In wounds of the throat it was formerly the custom, after having secured the larger arterial branches, to proceed at once to closure of the wound, dragging it together by stitches and plasters, and covering all by lint and bandage, as if the principal object were to conceal the horrid gash from view. The consequence was, that the blood which continued to ooze, finding no ready outlet externally, collected in the air-passages, and suffocated the patient, provided, as was most probable, he had not at the time sufficient energy for forcible expectoration ; or if this danger was escaped, it was shortly succeeded by one equal­ly imminent, closure of the windpipe at the injured part, from inflammatory swelling of the wound. Now the intel­ligent surgeon is less precipitate ; he knows the danger of the old system, and avoids it by treating cut throat on the same principles as he would an ordinary wound, making no approximation until all oozing has ceased, and then only drawing together the corners, trusting the centre to the more gentle apposition by bending the head forward, and by bandage retaining the chin approximated to the top of the sternum. Thus a free outlet is left to the discharges which must form ; for the transverse nature of the wound, and the constant motion of its edges in respiration and de­glutition, render union by the first intention impossible. Im­mediate risks are thus avoided ; and if the patient’s energy prove sufficient, the wound will gradually close by granu­lation. But in general, at least in attempted suicides, a low fever ensues, against which all efforts toward cure are unavailing. The patient should be kept in a comfortably warm and equable temperature, and the fore part of the neck should be protected by some loose covering, that the in­spired air may be, as nearly as possible, of the same tempe­rature as in natural respiration. Thus the occurrence of bronchitis is so far obviated ; and so long as air passes through the wound, no other dressing need be applied. When the pharynx is involved in the wound, nourishment is given from time to time through a tube introduced by the mouth ; not through the wound, lest contraction of the tracheal opening should be interfered with, and its edges cicatrize separately, leaving the patient in a very miserable plight. Sometimes respiration becomes obstructed by swell­ing of the mucous membrane and accumulation of viscid mu­cus, so as to endanger suffocation, and render it necessary to open the windpipe longitudinally below the obstructed part. In injuries of the interior of the throat, tracheotomy is also sometimes necessary. When the glottis has been injured, for example, by the swallowing of acids, or hot water, or by the inhalation of steam, should the ordinary active treat­ment fail to arrest the urgent symptoms, tracheotomy must be had recourse to without delay, otherwise the patient will perish, either by immediate suffocation, or by effusion con­sequent on imperfect pulmonary circulation. A simple blow on the larynx may so completely paralyze the parts, as to render opening of the windpipe necessary for restoring the respiration. And the operation is also required when fo­reign bodies have lodged in the air-passages, and cannot be expelled by expectoration. If allowed to remain, they are productive of the greatest annoyance ; perhaps suffocation is immediate ; and if they do not speedily induce inflam­matory action of the most serious nature, they are certain ultimately to occasion phthisis, or other chronic disease of fatal tendency. If the foreign body is loose, it will be spontaneously ejected from the opening; if fixed, it must be dislodged by forceps.@@1

In diseases of the air-passages, tracheotomy often be­comes necessary, on account of obstruction at the top of the windpipe preventing free entrance of air into the lungs. In acute inflammatory affections, croup, for example, it is sel­dom admissible. In the early stage, “ whilst active antiphlo­gistic remedies are indicated, and considered likely to afford relief, it could not with propriety be proposed ; in the lat­ter 6tages, after lymph has formed, when the lungs are gorged, and effusion has commenced at the base of the brain, no good purpose can be answered by an operation.” Sometimes, in adults, a favourable opportunity for the ope­ration may be selected between these stages, but it is sel­dom. To the chronic affections the operation is more ap­plicable. Even in phthisis laryngea, the most intractable of these, advantage may be derived from it when perform­ed at an early period ; the diseased parts above the opening are set at rest, and an opportunity is afforded of making direct application, through the wound, of the suitable re­medies to the ulcerated surface. But it is in oedema of the glottis, whether as a primary affection, or supervening on previous disease, that its beneficial results are most frequent and most apparent; the patient is at once relieved from im­pending suffocation ; the swollen parts are put to rest, and in time subside ; and after a while they so far recover their healthy condition, as to admit of closure of the wound and re-establishment of the natural course of respiration. In all cases where opening of the windpipe is required, whether on account of accident or disease, tracheotomy is preferable to laryngotomy, and though a little more difficult, is equally safe in performance. An opening in the cricoid membrane will not always suffice for detection and removal of a foreign body ; and being placed in the ordinary site of laryngeal disease, will usually fail to afford relief when undertaken on that account. The incisions in tracheotomy are made very carefully, so that stray vessels may be pushed aside in safety ; the trachea is pierced during the act of degluti­tion, when the larynx is elevated and the windpipe elon­gated ; a silver tube is immediately introduced, of calibre proportioned to the object in view, and of such a form as to prevent oozing from the wound by compression of the edges. After a short time all irritation from the presence of the tube ceases ; but during the whole cure great atten­tion must be paid that it be kept clear of the vitiated mucus. It should also be protected by some loose covering, in the same manner and for like reasons as in cases of cut throat In the treatment of all affections of the throat, the possibi­lity of tracheotomy becoming requisite should always be kept in view; and the curative applications should conse­quently be confined as much as possible to the sides of the neck, leaving the fore part free, otherwise much difficulty may be thrown in the way of the operator.

The treatment of diseases of the rectum has become sim­plified and improved along with the rest of surgery. “ Many attempts have been made to mystify the subject of diseases of this region, and to separate them in a great measure from general surgery. There is no such difficulty as has been supposcd in understanding their nature ; the principles

@@@, A most interesting case of foreign body in the bronchus, successful removed by operation, is detailed by Mr Liston, in his Practical Surgery, p. 371.