acter, any attempt at gradual dilataion or internal urethrotomy only tends to increase the constitutional disturbance, and renders the prognosis more unfavourable. The urgency for a speedy relief is so imperative that the only hope for the sufferer is in external perineal urethrotomy. By this operation we can at once get into the bladder, and thoroughly wash it out; thus the patient is placed in a condition of temporary comfort, compared with his former condition. After restoring his health in a measure, and all the alarming symptoms have disappeared, the surgeon may proceed with the necessary operation to enlarge the urethra.

It is not possible, in any operation for stricture, to promise immunity from its return, although the more completely the contracted tissues are divided the more likely we are to have a certain cure. As a rule, the stricture will return, when the same treatment should be resorted to. Surgeons can not be too particular in reminding the patient as an injunction to not delay long in having the returning stricture treated after it manifests itself. By so doing, the implication of vital organs is avoided, and the patient is permitted to live out an average life in comparative comfort.

TREATMENT OF ERYSIPELAS.

Erysipelas is a well known specific inflammatory disease of the skin. It has long been known to be more or less contagious, but latterly Koch and Fehleisen have succeeded in obtaining pure cultivations of the erysipelas cocci, in inoculating them upon nutrient gelatine, and from the latter setting up erysipelas upon the living individual by inoculation. Hence the fungus or microbe of this disease is clearly established. Consequently it is essentially necessary that there be a previous wound or abrasion of the cutis or mucosa, in order that the morbid germ may obtain a starting point. The door must be opened or it cannot obtain an entrance. The wound may be and often is so minute that it escapes notice, and therefore a previous lesion cannot always be demonstrated. The local and constitutional symptoms are so well known that any reference to them would be superfluous. We shall therefore confine ourselves to the treatment.

At one time bad fluids in the stomach and intestines were said to be the cause, and emetics and purgatives were freely administered with the object of removing them. The peccant humors of the blood were long charged with being the cause not only of erysipelas but of most other pathological conditions, and consequently phlebotomy was added to the purgatives and emetics, and a great variety of alleged blood-purifiers was administered. This mode of treatment failing to accomplish the object, or to be followed by success, the theory of poverty of the vital fluid, the lack of fibrin, was promulgated and accepted as the chief cause of this, and many other kindred diseases It was held that this was a simple inflammatory process, which spread, because there was not sufficient fibrin in the blood to form the necessary protective barrier. With this view, iron and quinine, with various other tonics, reconstructive remedies, abundant nourishment, and even stimulants were administered ad. lib,; while argent nit., tr. iodine, lead lotions, incisions, and even the cautery were locally applied, with the idea of assisting to establish the necessary barrier to its extension.

This treatment was doubtless much better than the former and produced incomparably better results. An innumerable number of other remedies have all along been advocated as specifics, based on no particular theory, but used empirically. Among the many, we will mention but two which prolonged their existence upon the principle of the survival of the fittest, viz., aconite and belladonna. Many prominent physicians have claimed good results from the latter remedies, and confidently advocated their use. Among these we may mention Liston, Fleming, Thompson, Trosseau, Phillips, Bartholow, and Köhler. Even at the present, opinion appears to be divided with regard to the merits of the two methods of treatment, although we believe the large majority have more confidence in the former or iron treatment.

But within the last ten years, more attention has been given to the removal of all foci from which infection might originate, pure air and disinfectants, in brief, to securing the most perfect hygienic environment possible. And now that it has been established through the persistent work of Hueter, that wherever there is erysipelas, cocci are found, and where there are no cocci, there is no erysipelas, antiseptic treatment must supersede