mitted than there exists an obstruction or stricture, that must be primarily dilated before the urethroscope can pass. When the meatus is so small as not to admit a number twenty, a preliminary meatotomy must be performed with with subsequent meata dilatation. Bleeding should be avoided as much as possible. The chloretone oil used as a lubricant also acts as a mild anesthetic. Cocainization of the urethra should never be employed, for very often shock supervenes in the mildest form of cocain anesthesia. The urethroscope with its obturator should be inserted to its shoulder; the latter is then removed and the interior of the urethroscope dried with a probe around which a pledget of cotton is wrapped. When no longer moisture appears on the pledget, the light carrier is inserted and the rheostate turned on. The first object that presents itself to our view is the distal end of the posterior segment of the urethra. By gradualy withdrawing the instrument we can thoroughly and readily inspect the urethra in its entire length.

The following lesions may be observed either alone or in conjunction upon urethroscopy:

A. Granular Lesions.
B. Papillomatous Urethritis.
C. Diseases of the Fossa Navicularis.
D. Erosions and Ulcerations.
E. Hypertrophic Urethritis.
F. Enlarged Urethral Glands.
G. Incipient Stricture.

Granular lesions consist of zones or areas of deeply congested mucosa from the bases of which spring minute punctuated lesions, the whole having the appearance of a strawberry; they are most commonly situated in the posterior urethra; though occasionally they may be found in the pendulous portion as well. There may be only one focus or a number of them irregularly distributed along the urethral tract.

The *treatment* is directed towards the distruction of those granular areas by means of various escharotics, preferrably that of nitrate of siver in various strengths. I seldom use less than ten per cent. and not more than a twenty-five per cent. solution. The applicator is well saturated with the silver solution and cautiously applied directly to the lesions; there is very little discomfort ocasioned by such treatment, as a film of silver chloride thus produced becomes localized to the area involved. A five to ten per cent. mercurochrome solution has been used by others to these areas, but it does not surpass the beneficial action of the silver solution. When the lesions are very pronounced we may resort to the use of a phenol-iodin solution (equal parts of carbolic acid and