

*Case 9—Stricture of the Urethra. Perineal Section. Cure. Reported by Mr. ROBERT HOWARD.*

J. C., æt 25, a native of England, steward on ship board, was admitted into the Montreal General Hospital on the 23rd October 1871, suffering from Stricture of the Urethra.

*History*—Has led a dissipated life, drank hard for a considerable time, which has had an injurious effect on his general health, and he presents a care worn appearance, is pale and haggard, and looks as if suffering from organic disease of his kidneys. About eight years ago he contracted a chancre and gonorrhœa, this continued for over a month, and was followed by a gleet discharge from which he has never wholly recovered. Eighteen months since he suffered from great pain in the region of the kidneys, and he noticed that he had to strain considerably before making water. He was treated actively and obtained relief. Six months ago he again suffered from pain in the region of the kidneys, the stream on passing water was small, and the bladder was evacuated with much difficulty. He continued in this state until admitted into hospital. Upon examination it was found that an exceedingly tight stricture existed in the spongy portion of the urethra about four inches from the meatus. The treatment by dilatation was practised but without any relief, as the patient suffered from rigors whenever an instrument was introduced; under these circumstances Dr. Fenwick decided on performing the operation of perineal section.

November 11th—The patient having been previously prepared, was placed in the usual lithotomy position and chloroform administered, a grooved staff was then passed down to the stricture, an incision of about two and a half inches in length was made in the raphé, and the urethra opened in front of the stricture. A fine director was then carried through the constriction backwards towards the bladder, and the stricture slit up from behind forwards, the grooved staff then passed readily into the bladder. As the urethra was naturally small a No. 7 catheter was then substituted for the staff, and tied in the usual way, and the patient removed to bed.

12th—Did not sleep very well, although a draught of morphia was given him at bed time, pulse 92; tongue furred, looks anxious, complains of pain in the part. Catheter allowed to remain in, the urine is coming away freely through the instrument.

13th—Passed a restless night; pulse 110; the morphia draught which was repeated at bed time did not act very well. He had a rigor which lasted about half an hour. The urine passed nearly