per cent., or a saturated solution of boracic acid. By means of a long narrow glass nozzle or a small sized rubber catheter, that part of the urethra anterior to the anterior triangular ligament can be well washed by a stream of antiseptic solution flowing outward. There is nothing I do with greater hesitancy that introduce for the first time a catheter into a distended bladder, whether the distention arise from prostatic or stricture obstruction. Explain it how we will, we constantly see old men using rough, dirty catheters, that they carry in their pockets and never think of washing, and passing turbid, odorous urine, with impunity it is true, but they either have acquired immunity or their urethral and vesical lining is invulnerable to attacks of ordinary bacteria.

Infection of the bladder and cystitis having occurred in spite of all precautions or as a result of no precautions being taken, the necessity of overcoming the narrowness of the urethra is all the more pressing. I do not here need to go into the bacteriology of cystitis. The different bacilli found in cystitis, their peculiar properties, their classification into two distinct groups, the urea decomposing and nondecomposing, are well described by Rovsing in his book "Klinische und Experiment alle Untersuchungen über die infektiösen Krankeiten der Harnorgane," and by Mansell Moullin in his book "Inflammations of the Bladder," as well as in numerous magazine articles, and I will not discuss them at present.

The next point I want to draw attention to is the infection of the kidney from the bladder. Perhaps I may say that this is the all important point in the sequelæ of urethral stricture. A knowledge of its possibility forces us to use due diligence in the relief of cystitis.

The infection spreads to the kidneys by three routes, the lymphatics, the ureters, and the blood vessels. I mention lymphatics first because I think they are the most frequent route. They carry the infection through the capsule into the kidney. I am sorry that pathological specimens are ruled out to-night as we have some very interesting specimens in the Montreal General Hospital of this condition. Only a few days ago there were removed at the autopsy two kidneys with multiple small abscesses. The history of this case is interesting and it illustrates the natural history of urethral stricture. The man who died of this multiple suppurative nephritis told us that when a boy only twelve years of age he found it necessary to pass urine very frequently. This frequency of micturition was a few years later accompanied by a certain discomfort during the act. Twelve years ago, he tells us, he was operated upon for stricture but that no after-treatment was kept up. When he was admitted to the hospital he had a stricture a little in front of the bulb through which a number six catheter could be passed. The