men, I will mention briefly three cases of enlarged prostate in old men in whom ineffectual efforts to pass solid instruments had resulted in severely wounding the deep urethra just in front of the prostate gland. These cases came under my observation in the hospital during the winter session of 1887 and 1888. The first two cases came from the country, and did not come under my care for several days after the injury to the urethra. Both were suffering from a low form of fever when admitted to hospital. They were both treated expectantly, the urine being regularly withdrawn by a soft catheter, but both died comatose after three or four weeks of low fever with occasional slight chills and profound nervous depression. In one only was an autopsy allowed, but no lesion was discoverable. The third case, very similar to the foregoing, was admitted two days after the injury to the urethra, and two days later, as there was some pus and great difficulty in catheterization on account of the false passages, a perineal cystotomy was performed and the bladder drained through the perineum for three or four weeks. He recovered slowly, but perfectly, although he still suffers from prostatic obstruction.

From a careful observation of the foregoing and many other similar cases, I venture to submit the following conclusions:

(1) That urine fever is a consequence of the lodgment and decomposition of urine in contact with wounded urethral surfaces, the inference being that the absorption of the product of decomposition which takes place from the wounded surfaces, and which could not occur through the normal urethral mucous membrane, is the direct cause of this condition. Mr. Harrison has also shown that patients whose urine contains a diminished quantity of urea are less liable to urine fever after operations upon the urethra.

(2) Urine fever is *absolutely preventable*, either by preventing the decomposition of the urine in contact with urethral wounds, or by providing a dependent drain so that it cannot lie in contact with wounded urethral surfaces long enough to decompose.

(3) That a perineal cystotomy is a simple and easily performed