

usually attributable to the efforts at removal. It is, however, of short duration, lasting frequently less than a day.

But little after-treatment will generally be required. In cases accompanied with considerable inflammation of the meatus, it may be necessary to use injections of tepid water. Should it show a tendency to become chronic in its character, the addition of a few grains of acetate of lead to the ounce of water will generally be found sufficient to arrest it.—*Boston Medical and Surgical Journal*.

TRAUMATIC DESTRUCTION OF THE POSTERIOR PORTION OF URETHRA, SLOUGHING OF SCROTUM AND RESTORATION OF PARTS:

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The case was one of traumatic destruction of the posterior portion of the urethra of some ten inches in extent, with sloughing of a large portion of the scrotum, so that both testes were freely exposed to view, with restoration of the continuity of the parts. A young man about twenty years of age, a painter by occupation, was engaged on a warm day in June, in painting the front part of a three-story house. At the time of the accident, he was standing on the window-sill of the second-story painting the outside sash; on raising his hand up to push down the top sash, he lost his balance, turned a somerset as he fell, and landed astride the iron railing in front of the area, which was slightly bent by the weight of his fall. He was conveyed to his house; and on examination I found a fracture of the pelvis on the right side through the pubic portion—with laceration of the lower portion of the penis involving the spongy, and as I afterwards thought, the bulbous portion of the urethra, with severe contusion of the scrotum and testes, so that through the wound there was a strong seminal odor, which at the same time caused me considerable uneasiness for fear of loss of one or both testes. After bringing about reaction which was very slow, however, the nervous shock being so great, the first thing he complained of was a feeling of fulness in the region of the bladder, with a desire to urinate, and an inability to do so. After some difficulty I succeeded in introducing the catheter, and drew of a large quantity of blood, which, from the heat of the body and the weather was inclined to coagulate, and which added greatly to the difficulty of getting it to flow through the catheter. I judged from the hæmorrhage, that the bulbous portion of the urethra was involved in the laceration, and that the hæmorrhage came from the artery of the bulb. In the course of a couple of hours I again introduced the catheter, and found that the hæmorrhage still continued, and