

so that the instrument could not be passed without an anæsthetic. I dilated twice under anæsthesia with the greatest ease up to 28 (French), but the spasm returned immediately after recovery from the anæsthetic, and there was then no apparent improvement in the stricture. Both of these dilatations were followed by chill and fever. Under these circumstances I decided to do an internal urethrotomy. This patient retained his water for twelve hours after operation, and had no chill or fever. He made an excellent recovery.

CASE III.—P. R., aged 40, seaman. Two deep and very tight strictures. Chill and rise of temperature twenty-four hours after operation. Subsequent progress uninterrupted.

CASE IV.—V. S., an old man aged 68, with a history of treatment for stricture extending over twenty years. This patient's urethra was literally beaded with fibrous nodules varying from the size of a pea to that of a marble, and extending from the glans penis to the margin of the anus. His bladder was distended and overflowing. He declined to submit to any external operation. With great difficulty I succeeded in passing a filiform guide and cutting the strictures as in the preceding cases. He did not pass any urine for about fourteen hours. He had, nevertheless, a series of three or four chills with high fever and perspiration commencing about thirty-six hours after operation and lasting for about a week. The attack of urine fever was in this case very severe and alarming, considering the age and condition of the patient. This patient remained well for six months, when he contracted an acute choleraic diarrhœa, and died after a week's illness. There was no autopsy.

CASE V.—E. P., aged 33. Tight stricture of deep urethra of two years standing. Internal urethrotomy. Chill and fever twenty-four hours after operation. Rapid and complete recovery.

CASE VI.—E. V., aged 22, West Indian negro. Stricture of deep urethra of three years standing and following gonorrhœa. Patient at time of operation under treatment for early secondary syphilis. Internal urethrotomy. Chill and fever forty-eight hours after operation. Rapid and complete recovery.

In illustration of that form of urine fever which occurs in old