

we now find a fluctuation in the part, perhaps an opening is made into the abscess, or probably it finds its exit through the fascia and the skin; at this time it may have happened that the glands themselves have sloughed, and occasionally we find urine has insinuated itself into the orifice of the glands which open into the urethra, and passed through them into the abscess, and now makes its exit by the fistula. In such a case, if we observe the matter located in the perineum, we make an opening into the abscess, and having evacuated the matter, we know that it is not improbable that a fistula will remain, notwithstanding all our own endeavours to heal the wound; for, let it be remembered, that in this case we have not an ulcerated opening in the urethra, but that the naturally formed mouths of the gland itself constitute the opening through which the urine passes into the abscess—hence it cannot be expected that nature shall endeavour to close natural openings; so that you see, if we should succeed in healing the external outlet of the abscess, the urine would still pass into the part, and will be sure to renew the complaint. This also is the cause why fistula in the perineum is the constant result of abscess in Cowper's glands. In the cure of this fistula in perineo there is no other method left to us than to obliterate these excretory ducts, and the best method to do this is to introduce along the fistula a bougie armed with nitrate of silver, or to use the actual cautery by means of a silver wire, so as to destroy the mucous membrane lining the ducts, and by exciting adhesive inflammation in the part, we may cause an occlusion of the ducts, even as they make their exit from the urethra.

There is yet one other cause that may produce abscess in the perineum; it is the lodgment of a small angular calculus, just behind the urethra. As you know, the bulbous portion of the urethra is the most contracted part, hence the foreign body will lodge in this membranous portion of the urethra; here it arrests the flow of urine, not completely however, for the bladder is still emptied by slow degrees. The membranous part of the urethra suffers distention in consequence of the obstruction of the canal; the consequence is that inflammation and the effusion of blastema take place in the neighborhood, and an abscess is formed; or, if the obstruction is sufficiently great, a sloughing or rupture of the canal may be the consequence. By this time you know the natural consequences of such accidents, and when they occur, you know that the scalpel alone can afford relief or place the life of your patient out of this most perilous position. Should you however be