

On examination, a stricture was found five inches from the meatus, of large calibre, the prostatic urethra exceedingly tender; a Jacques catheter was with great difficulty introduced into the bladder, and gave rise to much pain. The prostate, examined per rectum, was exceedingly sensitive. The patient was placed on ten grains of salol every three hours, and directed to drink large quantities of carbonated water. On the 19th I washed out the bladder with a one per cent. solution of creoline, examined the urethra with the endoscope, detecting an ulcerated spot five inches from the meatus, where the sound had located the stricture. I was unable to pass a solid instrument into the bladder owing to pain produced by the attempt. The bladder was washed with the one per cent. creoline solution during the next three days, and he could retain his urine during the day for seventy minutes with some effort; no improvement at night.

On the 22nd, Dr. John Caven administered chloroform, and Dr. Milman was present when I examined the bladder with the cystoscope. The bladder would hold scarcely four ounces of fluid, and when distended with this small quantity a distinct tumor was felt on the right side of the median line above the pubes. It became more apparent when pressure was made on the bladder per rectum. It could be grasped by the fingers, and was about four inches in diameter. While examining with the cystoscope its beak ran against the calculus, which was situated in a sack in the upper and back part of the bladder. The cystoscope could not be utilized for viewing on account of the spasmodic contraction of the bladder.

On the 27th of April, assisted by Drs. W. Lehmann, W. H. B. Aikins, and J. Caven, I did the suprapubic section. I had succeeded in getting six ounces of fluid into the bladder, the rectal bag introduced and dilated with ten ounces of water. No vessel required ligatures, only one large vein presented in the abdominal wound, which was pushed out of the way. The rectal bag was ruptured by severe straining at this stage of the operation, which necessitated the raising of the bladder by the fingers of one of the assistants passed into the rectum. The peritoneum was pushed out of the way with very little difficulty, two stitches passed through the bladder walls, and an incision made between

them. The stone was felt in the upper and back portion of the bladder, contained in a sac. It was impossible to remove it with the fingers, and the forceps were used. The bladder was thoroughly washed out, a double drainage tube introduced, and the abdominal wound drawn together by two deep sutures, the wound being dressed with boracic acid and gauze, held in position by a T bandage. The patient felt well after rallying from the anæsthetic, had very little pain, and passed a very comfortable night. His temperature rose to 101 on the 29th. Felt no pain in the bladder, and he thinks some urine passed per urethra on the 30th. The tubes were removed on the first of May. Urine positively passed per urethra on the 4th, but it was not until the 9th that he urinated at will. On the 3rd he was placed on a lounge all day, and seemed greatly rested by his change of position; on the 10th he sat in a chair and ate his dinner; on the 14th he walked round the block, retained the urine for two hours. On the 16th, or 19 days after the operation, he left for Kingston, the wound not quite healed, but yet, he had full control over the bladder. He was somewhat used up by the journey, which of necessity was made so soon, but no ill effects resulted. During the next two or three weeks he gained slowly. He went to the country the first of June, and gained forty-one pounds by the first of July.

CASE No. 2.—Mrs. G.M., æt. 33, married four months. Previous family history perfect.

*Present illness:* For the past six months she had noticed that micturition was more than usually frequent at the menstrual period, yet not distressingly so. She only referred to it on being questioned. Immediately after marriage she had excessive pain and great frequency of urination, which lasted about a month. These symptoms abated considerably during the day, but increased at night. I first saw her on the 23rd of December, 1891. Ordered a placebo without effect, she objecting to an examination. No improvement being noticed in four or five days, rather the reverse, she acquiesced, and I examined the interior of the bladder with the cystoscope. On first examining the bladder by pressure between the finger in the vagina and the hand placed on the abdominal wall, great pain was complained of, the bladder contracted