

cellular tissue of the abdomen, which had a reddish erysipelatous look. There was the usual constitutional disturbance. I made free scarifications over the scrotum and abdomen, through which considerable quantities of foetid urine escaped, and applied hot fomentations. Dr. Craik during this attack saw the patient with me in consultation. His recovery was slow. When perfectly convalescent, I attempted to pass a small catheter, and with much difficulty got through the first stricture, which I found was highly cartilaginous, but all my efforts to proceed further were unavailing. I then explained to him what I considered to be the only thing that would afford him relief, viz: the operation for perineal section. In July of the same year, he entered the Montreal General Hospital with a view of having it performed, but only remained one day. He soon after began his dissipated habits and I saw nothing of him till May, 1869, when I again attended him for infiltration of urine. This time the extent of infiltration over the abdomen was much greater than it was during the previous attack, and the constitutional disturbance much more serious, the symptoms being typhoid in their character. I again scarified freely, and after a tedious convalescence he was once more enabled to go about. In the fall of 1869, he called upon me and expressed his desire to have the operation performed, immediately after the new year, as in his present condition his life was a miserable one, but a return to his bad habits prevented its accomplishment. A few weeks ago he again expressed a desire to submit to it, and as he had been perfectly regular in his living since last spring, I consented to perform it. On the 18th of November, Dr. Fenwick saw the case in consultation, and agreed with me, as to its being a suitable one for the operation. Upon the 27th of November, assisted by Drs. Fenwick, Craik, Ross, Reddick, and Rodgers, I performed what is now generally known as Syme's operation for perineal section or external perineal urethotomy. The patient being well under the influence of chloroform, Syme's stricture staff was passed with some difficulty through the strictures till its shoulder rested well up against the upper part of the third. I then cut down through the perineum, and without much difficulty reached the staff, and having inserted my knife in the groove, divided the stricture, the shoulder of the instrument passing instantly through it. Previous to withdrawing the staff, I passed a director through the wound, and into the posterior portion of the urethra. This served as an excellent guide to the passing of the catheter. The staff was withdrawn, and a No. 8 Catheter passed, when several ounces of urine came away. It was secured in the usual manner. Considerable difficulty was experienced in passing the instrument through the two undivided strictures, and the existence of several false passage