the second stricture. The penile stricture admitted a size 7 (English) bougie, and the stricture under the sub-pubic arch, was impassable. The urethra at the seat of stricture was extremely painful and tender. The patient was very restless and had an anxious and pinched appearance ; had no appetite ; his tongue was coated with a thick brown fur and his pulse weak and frequent. He was greatly emaciated and completely prostrated.

Immediately on admission the house surgeon, Dr. Lockwood, gave him two grains of opium and put him into a warm bath where he kept him until he was nearly faint, and then put him to bed and applied a warm linseed meal poultice to the perineum and hypogastrium. In an hour's time he was able with difficulty to pass eight or nine ounces of urine. Two hours after patient was admitted I saw him for the first time and tried to pass an instrument but the urethra being excessively tender and painful, especially at the seat of strictures, I had to abandon the attempt. To relieve the excessive pain and tenderness I injected two drams of a 4% solution of hydrochlorate of cocaine into the urethra at the seat of stricture, but no relief was afforded. During the next four or five days several unsuccessful attempts were made, with and without cocaine solution, to pass an instrument. During these days patient managed with much pain and difficulty to keep his bladder empty. In the afternoon of the second day after admission, he had a slight attack of retention accompanied by urethral fever, chills and rigors.

At a consultation of the medical staff of the hospital it was determined that an operation was essential to permanently relieve the patient. I accordingly on the fifth day after admission performed the operation termed "Post-Prostatic Puncture," in the following way : The bladder being distended and the rectum washed out thoroughly, the patient under an anæsthetic was put in the lithotomy position, the left index finger well oiled was introduced into the rectum and used as a guide. A rectal trocar and canula was thrust into the median raphe of the perineum three-fourths of an inch anterior to the margin of the anus, and gently pushed on between the rectum and urethra, guided by the left index finger until the posterior border of the prostate gland was reached. I then searched with my finger for the trigone, and having found it I suddenly and forcibly introduced the trocar and canula into the bladder. The silver canula was left in for three days, and the urine drawn every two or three hours. On the third day the canula was replaced by a gum elastic catheter, and the urine allowed to constantly dribble away through a tube which was fastened by one end to the catheter, the other end being kept in an antiseptic solution. On the fifth day after the operation the catheter became blocked—it being only size seven, English. The patient's temperature suddenly ran up to 103½°, and he had a very pronounced chill—but on cleaning the tube thoroughly his temperature at once fell to normal, and henceforward his improvement was uninterrupted. From the time the operation was performed the patient was almost entirely free from pain, and the urine which was ammoniacal and loaded with mucus and pus, began to improve in colour and quality. On the 6th day of October—the tenth day after the operation—I succeeded in passing a flexible bougie, size 2 F., without giving the patient any pain, and on the tenth a size 3 was easily passed. From this time the rapid dilatation method as recommended by Mr. Savory was adopted and continued for five or six days until a size 7 F. was easily passed ; after this the gradual dilatation method was resorted to. On the 7th of October the urine began to ooze a little on either side of the catheter, which was removed on the 11th, and the patient was allowed to pass urine *per viam naturalis*. During the following three or four days four drops of urine escaped through the opening in the perineum in the act of micturition, but at no other time. When he left the hospital on the 20th of October a size 9 F. was easily passed and he could void a good large stream, and there was no perceptible leakage through the perineal opening.

To perform the operation of "Post-Prostatic Puncture," with the best prospect of success, a trocar and canula of a size 12 English should be used and the canula should at once be replaced by the largest size gum elastic catheter that can be introduced. By using these precautions the danger of the catheter becoming blocked is almost entirely removed. In my case I was obliged by force of circumstances to use a size 8 Eng., and a correspondingly small size catheter.

The patient who was very unpleasant and hard to manage, left the hospital against our wishes