

while suffering from an unusually severe attack, for the relief of which, he had summoned me. On examination with the catheter, a long, hard, and unyielding stricture was detected in the membranous portion of the urethra. At longer or shorter intervals during the subsequent five years he suffered from inability to micturate, but on most of those occasions he preferred the expedient which he had resorted to for years, of extending the penis with one hand, pressing upon the urethra behind the stricture with the other, and in this manner, forcing a small quantity through the constricted part. During the intervals, he enjoyed good health. Frequently, during my attendance, I proposed to him dilatation by bougies, and, failing this, division of the urethra as recommended and which I had frequently seen successfully practised in Edinburgh by Mr. Syme. To the pain which necessarily attends the use of the catheter, he seemed averse. Within the past two years he consulted a professional gentleman, *habile* and dexterous in the use of the catheter, but the pain which attended, and the irritative fever which followed its employment, weakened his resolution—never very strong.

When he again came under my care, in last autumn, I urged him to submit to treatment, but he seemed inclined

“ Rather to bear the ills he had
Than fly to others that he knew not of.”

Such was the condition of things when I was summoned to see Mr. S. on Monday, 28th March last. He had been out during the early part of the day and got chilled. I found him suffering from retention. I proposed to use the catheter, but he said that the pain not being severe, he would prefer to wait a while. A few hours afterwards he again sent for me, when he readily consented to the employment of the instrument, and a No. 5 silver catheter was introduced, without much difficulty. On the evening of the following day, the same symptoms supervened, and the catheter at his own urgent request, was again employed, but, from the irritable state of the canal, its introduction, as might be expected, was attended with less facility and more pain. Difficulty in that quarter now ceased—the urine during the following couple of days being ejected at regular intervals.

Two days after the evacuation of the urine, severe pain was felt in the left leg, which became both discoloured and swollen, looking like an aggravated form of phlegmasia dolens. Patches of a bright red appeared about the knee, which were acutely painful when touched. The following day, the limb pitted on pressure—patches of red less extensive, limb less painful. The phlegmasia of the leg deprived him of the power of changing posture; but, when held in an upright position, he could walk slowly across the room.