

urethral fever set in immediately after passing his water, which he did twice within two hours. The penis and scrotum rapidly became œdematous. After this he had no uneasiness with his water for 24 hours, when I drew it off with a No. 8 catheter. Passed his water occasionally, with a good large stream, from this on, but more frequently he would draw it off with a No. 10. On the fourth day the fever had almost subsided. The catheter was always used when possible, as there was now no doubt that extravasation of urine was taking place from the anterior stricture. Spasms occasionally prevented the passage of the catheter. From this time on he progressed favorably. Deep incisions were made in the scrotum, in the middle line, the central portion of which sloughed. The two halves were brought together and the healing process went on rapidly, leaving a small scrotal fistula when he left for home, nearly three weeks after the operation. At this time a No. 14 E. was passed through the anterior stricture and a No. 10 into the bladder. Every now and again the catheter would not pass through the second stricture on account of spasms. I have received encouraging notes from my patient since he left for his home. He had gradually improved, although the fistula had not quite closed when I last heard from him several months ago.

Before making any comments I shall read you a history of a third case, which is short, and which may assist me in some of my remarks.

CASE III. A. B., aged 36, Canadian, consulted me about the middle of February last. Had gonorrhœa about five years ago; noticed his stream getting smaller the last six years. Began treatment with one of our western surgeons in 1883, and was gradually dilated for one year. Says the process was a very painful one, and would faint almost every time a sound was passed. Said he had two strictures, and that the doctor could get a No. 12 through the anterior one, but not through the posterior one. On the date above mentioned I found him suffering from retention after having a cold ride and a few glasses of beer. I relieved him with a No. 6 E. catheter, the largest that could be passed. I found two strictures, the first one

an inch from the meatus, the second five inches from the meatus.

On March 27th, the day appointed to operate, I could introduce nothing larger than a No. 4 bougie. Maisonneuve staff was then passed and the smaller knife. No anæsthetic; did not complain; no wincing. Says there was very little pain, and not at all to be compared with that attending the passage of a sound intended to dilate. Passed his water just before the operation. Kept it for five hours after the operation, when it was readily drawn with a No. 8 E. catheter. A No. 9. was passed seven hours after this; was told to pass it himself on the following day. There was very little uneasiness after the passing of the catheter. On the 28th he passed his water quite readily, but it caused a good deal of smarting. On the 29th I drew his water off with a No. 10 E. catheter. Passed a No. 10 bougie; both strictures grabbed the instrument. On April 4th a No. 12 catheter was passed, and on the 8th a No. 14 sound was passed through the anterior stricture and a No. 12 into the bladder. The passage of the sound through the anterior one caused a little hemorrhage. Says he makes a good stream now—that there is some satisfaction in urinating. He does it in one-third the time, and there is no dribbling at the last. The bladder is completely emptied, and the act of urinating is that of a healthy urethra and bladder. Called at my office July 17th; has not had an instrument passed for three weeks. Again passed a No. 12 into the bladder and 14 through the anterior one. There is no evidence of the anterior stricture, but one of large calibre is still indicated in the bulbo-membranous portion.

The chief point which I wish to make is in reference to the use of the different blades of the Maisonneuve instrument. This instrument, or some of the slight modifications of it, I believe to be the most valuable one that has ever been used for strictures of small calibre. I do not believe, however, that the different blades have been used with that precision that they should have been. In fact, I have not seen any directions given that would guide us in their use. Messrs. Buren and Reyer state in their valuable work that the objection to this instrument (Maisonneuve) is that if a large blade be used