staff, which only entered a small distance into the membranous urethra; through the entire strictured portion of the membranous urethra, into the bladder, the staff being firmly held in position, and taking care not to introduce the finger into the bladder, which might induce subsequent prostititis. The staff being now withdrawn, in the latter case a No. 6 elastic catheter was introduced into the bladder without difficulty and retained in situ for 36 hours, an elastic tube being attached for the convenience and comfort of the patient. In the boys case, for the first week the catheter was introduced daily, and afterwards every other day. The external wound closed without any unfavorable symptoms, and the lad left hospital about the end of the fourth week, being able to urinate freely. In the after treatment, it is exceedingly important to keep the divided parts of the stricture regularly dilated, otherwise division will prove a failure. According to Gross, the catheter may be, at first, introduced every third day, then once a week or once a fortnight, according to circumstances. In a recent case which came under my notice, and which had been of some years standing, Sir Henry Thompson, after dividing by internal urethrotomy (his favorite plan of operation), recommended the catheter to be introduced daily for some weeks after the operation. During a term of over thirty years practical experience, Sir Henry Thompson has only met with three cases in which, after much careful manipulation, he was unable to pass an instrument fairly into the bladder, and in these three instances only performed perineal section for the relief of stricture without a guide previously passed. (Braithwaite's Retrospect, Jan. '85, p. 146.) As to external urethrotomy, it doubtless has its dangers and trials. The late Sir Wm. Ferguson said that while he thought highly of even Symes' operation in certain cases, he was of opinion that, like all others in surgery wherein the knife is used, it is not free from hazards. In all such cases, it is important the patient should be instructed as to the use of the catheter in order to insure the successful completion of the aftertreatment.