is possible that such an event happened : but in this case the success was due to a well made divulsion, since galvanic cauterization in 25 seconds is not possible, whilst direct divulsion has furnished fine results in the hands of able surgeons.

Let us now return to our subject. We practised, on the 15th of February, 1884, a sitting of 23 minutes, using twenty elements with the bi-sulphate of mercury. There was not a single drop of blood. The patient rested during ten days. He urinated copiously, and the diurnal incontinence disappeared. There were many nights in which involuntary escape did not occur. It is true that his mother always took care to rouse him at least once every night. On the 27th of February, 1884, we made another dilatation, and we repeated this operation afterwards three times weekly. The texture of the stricture seemed to have lost a little of its hardness, and this permitted us to advance, at the end of a week, to No. 13 of the scale of Charriere. In the course of the month of March both the daily and nightly incontinence ceased. The patient's health improved rapidly, and the dilatation was prolonged until May, when we decided on another sitting, under the chemico-galvanic cautery, in order, in the words of Tripier, to throw some more negative elements into the texture of the stricture, and consequently to diminish its tendency to retraction.

On the 9th of May, 1884, we had a new sitting of electrolysis, with 20 elements of the bi-sulphate of mercury. The lamina, employed, when joined with the catheter corresponded to No. 17 ; the stricture was traversed in three minutes ; afterwards, having conducted the lamina back to the level of the stricture, it was kept there for 17 minutes. There was complete absence of blood—a condition eminently favorable, even indispensible for securing direct action on the stricture. A number 15 was easily passed on the 19th of May. It is worthy of notice that after each sitting the child was exempt from all febrile reaction. Summing up : Here was a traumatic stricture—that is, one formed of fibrous textures, hard and unyielding—a condition justifying the qualification *incurable* as applied to this class ; but after three sittings under electrolysis, I succeeded in passing a No. 15, and the texture of the stricture became so modified that it lost the tendency to early retraction.

Let us now see some notes on organised and vulvular strictures which yielded to electrolysis after they had resisted the old processes. These observations are necessary in order to combat the erroneous and captious opinion of those who are disposed to regard the method as bad, and inferior to the old system. The words and facts of Drs. Jardin and Mallez, contained in these notes, are very convincing, and they enable the impartial reader to judge, and to weigh the different opinions with all rigor and critical exactitude. But first let us discuss the value of the method and contrast it with internal urethrotomy.

Colonel F—— presented himself to Dr. Mallez in March, 1881. He experienced extreme difficulty in the act of micturition, though the volume of the flow was not much diminished. He said this was the third time that such trouble had fallen to him. The first was in 1879, when he found extreme difficulty in voiding urine, and felt a sort of a point of stoppage in the canal, because of which he applied to Dr. Henrteloup, who diagnosed a stricture, and had recourse to his method of excision. For some months there was improvement, but hardly had a year elapsed when the first symptoms reappeared. Dr. Henrteloup made a second excision, in 1880, and the difficulty in urinating disappeared, but the act was always somewhat painful. In a few months the difficulty reappeared, and gradually became greater. In the first months of 1881, the patient often used a small sound, in order to facilitate the flow of urine. It was at this time that he consulted Dr. Mallez, who diagnosed a valvulur stricture, and decided on practising chemico-galvanic cauterization. The application took place in April, 1881. It lasted 15 minutes ; the pile used was composed of elements of the chloride of zinc. Dr. Mallez made use of a galvanic cautery formed as a metallic olive, conducted by a staff which also was metallic, and sheathed in an isolating substance. The conductor was a long fine sound. The olive, having reached the stricture, passed through the valve in a short time, but it was again brought back into contact with it during some time, which was necessary to produce the desired eschar. There was no febrile access, and on the following day the Colonel returned to his usual mode of life. From the first day micturition was effected very well, and during three years nothing extraordinary occurred, as concerned the urethra, excepting in April, 1884, when a diminution in the volume of the discharge, that attracted the patient's attention,