

the gonorrhœa has subsided, and nothing remains to him but a persistent gleet. Perhaps, by accident, he feels a small swelling, not larger than a nut, situated in the perineum just behind the scrotum; if you examine it, it will appear deep seated under the fascia of the perineum. This is a blind fistula connected with the urethra, and every time the man micturates a little urine flows into it. The urine cannot however spread, for there is a wall of fibrine around the fistula; in this condition it may remain for years. I believe that you will find the mode of the formation of this disease to depend upon the original inflammatory action in the urethra. Here the blastema was effused into the areolar tissue alongside of the membranous part of the urethra; pus was developed in it, and after a time the matter was discharged from the little abscess into the urinary canal; but an opening having been established between this passage and the abscess, at every flow of urine the water passed into and kept up the cavity; had any injury occurred to the part so as to permit the urine to pass the walls of the abscess, you know what would be the consequence. In this case the best mode is to open the little abscess with a lancet, and to keep the urinary passage free by means of the catheter. If a fistula remains, stimulants such as the nitrate of silver will be required to heal the wound.

Should your patient have a stricture of the urethra, it may again be another cause for abscess in the perineum. The stricture may not completely occlude the passage of the urethra; you may, perhaps, be able to pass a considerable sized bougie; but, nevertheless, some irritation brings on an increased amount of inflammatory action in the neighborhood of the part; blastema is effused into the areolar tissue alongside of the urethra, pus forms, and an abscess is the result. You now find a tumour in the perineum, perhaps the abscess has opened into the urethra, and the matter has passed with the urine, still at every passage of the urine the abscess is filled; perhaps, if the stricture of the urethra increases, a violent strain causes the walls of the abscess to burst and you have extravasation of urine into the areolar tissue, that may spread widely over these strictures, killing and destroying them to a great extent. Here again your patient's safety depends upon the free use of the knife; by sufficient incisions you free the parts of the urine, and now you may cut through and cure the stricture, at the same time healing the wound over the catheter secured in the bladder.

If you remember, in describing the second variety of these