

and irregular yet he was quite intelligent, and suffering no pain. The history he gave was that for seven months he had been troubled with difficulty in passing water. This had of late so greatly increased, *no instruments having ever been used*, that for some days previous to admission he had made water only in drops, the total quantity so evacuated being very small. On the evening of the 1st October, the scrotum began to swell and become painful, and this had increased until it presented, on the morning of the 5th, the appearances described.

The patient being under chloroform, I made three very free incisions into the scrotum, one in the middle line of the perineum, and one above the pubes, giving exit to abundant quantities of urine, some pus, and an amount of shreddy sloughs. I then passed a No. 3 bougie without any difficulty through the stricture, which was situated at about four inches from the orifice of the urethra and found that the canal immediately beyond it was so freely ulcerated through, that the instrument left the natural passage there and could be readily made to appear through one of my incisions into the scrotum.

It is unnecessary to give the whole progress of the case. He was allowed for some time large quantities of stimulants. Charcoal poultices were applied to the parts until all the sloughs had come away, and these were daily aided in their separation by the use of the scissors. Before long all had separated, and the parts presented very much the appearance of a prepared dissection, the testicles, each contained in its tunica vaginalis, being completely exposed to view. He made an excellent recovery, cicatrization having occurred over the whole granulating surface. His stricture, which did not prove difficult of dilation, admitted, when I last saw him, a No. 12 bougie, and he made water, as a general rule, with comfort, a fistula which remained and threatened to be troublesome having healed.

This case seems to me interesting chiefly in the following respects.—

I It is a case of extravasation from ulceration behind the stricture. It began on the 1st October, and although the patient was in very destitute circumstances, and had received no medical advice, so gradual was its progress that it did not drive him into hospital before the 4th. This shows pretty clearly that the case was not one of sudden rupture of the ure-