

nodule three-quarters of an inch long and as thick as the point of the little finger could be felt. On the 13th of March last a filiform guide was passed into the bladder and the deep stricture divided along the roof of the urethra by Guyon's Maisonneuve Urethrotome. Both strictures were then thoroughly divided along the floor of the urethra by Otis's divulsing urethrotome, so that a 34 (French) sound passed quite easily. A staff was then introduced and a median perineal cystotomy performed, through which a large soft rubber catheter was introduced and tied into the bladder. The bladder and urethra were then washed out with a weak solution of salicylic acid (1 to 1000) dissolved by the aid of borax. No chill or other bad symptom followed. The temperature never rose above $98\frac{1}{2}^{\circ}\text{F.}$, and at the end of forty-eight hours the catheter was removed. On the sixth day sounds were passed again up to 34 (French). On the eighth day he was discharged, and on his return eight days later the perineal wound was completely healed and sounds were passed again up to 34 (French). This patient returned weekly for two or three months to have the sounds passed.

CASE II.—A. S., aged 38, was brought to hospital in April last with a distended bladder and a history of stricture extending over four years and following a third attack of gonorrhoea. He had recently had retention on several occasions, and had had his urethra horribly torn and lacerated by repeated attempts to pass a small silver catheter. He was very ill and had a history of chills and fever for over a week before admission, his temperature being 102°F. when admitted. He also complained of pain and tenderness in his shoulders, and a localized extra-articular swelling rapidly developed over the point of each. Owing to his bad general condition, as well as to the condition of his urethra, no immediate attempt was made to pass an instrument, but, instead, his bladder was emptied by aspiration. Next day, on examination, he was found to have a series of strictures extending from the meatus to the deep urethra—the deepest one being, as usual, the tightest. There were also many false passages in the floor and sides of the urethra which discharged bloody and watery pus. With much difficulty a rubber filiform guide was