be distinctly viewed on endoscopy. The fenestrum of the urethroscope impinging upon the anterior ring of the strictured area and the latter, lying behind the distal end of the instrument, projects a clear and distinct picture to our inspection. The parts posterior to the instrument, the intermediory ring, resembles an actual crescent, a semicircle, glistening, pale, slightly elevated and imparting to a probe instrted in the lumen of the endoscope a perceptible crepitance. When the stricture is of small size, by inserting an endoscope into the urethra and by holding the penis at a right angle to the scrotum, one may, by means of *transillumination*, discern the difference in the relative transparency of the preceding and adjoining parts. The normal urethra gives a perfectly pinkish and well transilluminated appearance; when thus extragenitally viewed; in case of stricture the transparency is obscured or diminished; a haziness takes the place of the brilliant illumination.

The diagnostic value of urethroscopy and transillumination as a supplementary step to bougies and sounds in the detection of strictures is a well established fact now, and should never be omitted when examining for stricture of the anterior or deep urethra. Therapeutically the endoscope may be utilized as a means of multiple scarification of the strictured ring, accompanied by gradual dilatation; yet the benefits derived from this method have not been very satisfactory to warrant much reliance upon this procedure.

In conclusion I desire to reiterate the statement expressed in the prefatory lines of this article, that the value of urethroscopy as a diagnosis and therapeutic agent can no longer be denied, and that it affords one of the most important and reliable prerequisites in the proper

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WHAT TO KNOW ABOUT ACUTE ANTERIOR POLIOMYELITIS, AND MEANS OF EARLY RECOGNITION*

(Infantile Paralysis)

By Dr. Harry S. Berman, Detroit, Michigan.

"EXPERIENCE is a good teacher." This being true we are fortunate by being in a position to look back and profit by others. Here I have in mind the epidemic of infantile paralysis experienced by the City of New York during June and November (1916) inclusive, which caused severe alarm throughout the country. This latter epidemic made its appearance by attacking New York City, commencing in Brooklyn, extending rapidly to various parts of New York State.

Later, epidemics crept up in the various nearby states and cities, involving mainly the southeast, northeast, and eastern parts. Fortunately,