

the under side of his penis. It is situated an inch and a quarter from the meatus. I hold it under my finger. It is hard, presents no sign of fluctuation, and gives the man no pain. He tells us that it has been aspirated by his physician, but that no pus was found, so that, whatever it is, it is a neoplasm, but has not a purulent centre. It is too far forward for Cowper's glands. He says that at first it was about the size of the head of a small pin, and gradually grew larger. There are several things that must not be overlooked, which may have produced this tumour. "Have you ever had any sores on your penis?" "Yes." "Or lump in your groin?" "Yes." "Or eruption on your body?" "No." "Ever had sores in your mouth, or ulcerated throat?" "No, sir." "Hair come out a good deal?" "Yes, sir." The patient does not seem to have had any eye trouble or headache, or signs of nodes. I am trying to connect this tumour with syphilis—an attack which happened a long time ago, not a recent attack. If this growth is of syphilitic character, it is a gummous tumour. Last winter, you will remember, we had such a case, where the tumour ulcerated and was supposed to be an infecting sore. This growth, however, is not a gummy tumour. There is not the characteristic enlargement of the glands nor other corroborative evidence. What comes next, then? The most likely thing that I know about is a follicular inflammation. The urethra, as you know, is studded with follicles. They are very minute—not much larger than a cambric needle. They may become involved in the inflammation of the urethra, and a minute supuration occur in the mouth of the follicle, which then may be closed—plugged up. This little molecule of matter burrows along and forms a sinus, making an independent opening, the pus being pushed back into the urethra from the outside. This is more likely to occur within an inch or half an inch from the meatus. The urethral end of the follicle becomes sealed up, and you have a follicular sinus left. A case of this kind was reported by me as far back, I think, as 1870. I remember a case of a gentleman with gleet, who had been treated a long time, but without success. On examining him, I found a little white point, the size

of a needle point, an inch behind the meatus. It had been there, he said, for a long time. Occasionally matter came out. I introduced a fine probe, and after injecting it with indigo, found the stain of indigo on cotton which I had placed in the urethra previously. I then sharpened a hypodermic needle down to a fine point, and introducing it into this little sinus, injected a forty grain solution of the nitrate of silver, and the gentleman had no more trouble. The sinus healed up, and his gleet got well. This little canal had been the seat of a gonorrhœa all the time, and the ordinary injections never reached the inflammation. I have found in cases where the same thing occurred, abscesses formed, which in some instances were absorbed, but in fifteen or twenty cases the matter came to the surface.

Dittel has shown the gravity of these cases where they occur in the deeper portions of the urethra, where, as a result of perforation, independently of stricture, extravasation of urine has occurred, which has proved fatal. This has been traced back to a follicle in the neighbourhood of the membranous urethra, the urine being let through in very small quantity at first, and then in larger quantities.

These bunches, then, come from the urethra following a gonorrhœa. They are not independent, but are the result of a suppuration. Why does this occur? I believe, and have found in every case, that they always occur in a follicle situated *behind a stricture*; that the condition of things which exists behind a stricture is the condition which invites this inflammation. Where there has existed a long standing irritation, it is not wonderful that there should be inflammatory action excited.

Dittel noticed that in all these cases there were *rings* of mucus in the urine. You have rings of mucus because they come from a circular point of irritation, which holds the mucus in the form of a ring. These rings of mucus are one of the signs of stricture, and these rings come from behind a stricture. So whenever you find a sudden swelling in the vicinity of the urethra, examine for stricture. I never fail to find it, and shall find it in this case before you. My own impression that here we have a stricture which has occurred after an