

PERI-URETHRAL CELLULITIS AND URETHRAL FISTULA.*

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There are two varieties recognized of this disease, one of which occurs in isolated patches of small size in and about the penile portion of the urethra; and a second, forming one continuous mass between the layers of the triangular ligament behind the bulb. In the latter the inflammation is much greater than in the first, and although it may result from blows or falls on the perineum, it may also be the result of a small point of follicular ulceration behind a stricture, the urethral wall becoming gradually pierced, resulting in the rapid spread of inflammation in the superjacent cellular tissue,—in fact, *urethral cellulitis* with its circle of associations, as in the following case I now present to this assembly.

Feb. 16th, 1879.—R. W., æt. 40 years; regular conformation of body, moderate stature, spare habit generally; facial expression indicative of anxiety. Scrotum and perineum much swollen, quite tender over a considerable part of their surfaces, the evidences of inflammation, the result of urinary escape and infiltration being undoubted. Said to have voided urine naturally the day previous, but being dull and languid at the time was unable to give any positive information. Tongue coated; pulse 110; temperature 102°; bowels inactive, and hypogastric region also considerably swollen and painful on pressure. From the 15th to 18th peritonitic symptoms were well defined, associated with feeble pulse. Without delay free incisions were made in the perineum and linseed poultices regularly applied, which afforded great relief. At this stage I found it impossible to introduce a catheter into the bladder. Turpentine fomentations over the abdomen as necessity demanded.

History.—In 1869 contracted gonorrhœa, which was unusually acute in its character, having continued more or less for a period of full three months. In 1874 observed a gradual lessening of power in urination, the stream being small, divided and

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