tion were found in the bladder and prostate, we might suppose the peritonitis to be from extension; any operation in the pelvis was liable to be followed by peritonitis. Operations for fistula in ano have occasionally proved fatal in this way.

Dr. HINGSTON looked upon the operation as a formidable one; for himself, would rather perform lithotomy; he had never operated till a few days ago, having with the exception of the case alluded to, succeeded in curing the stricture by gradual dilitation. The case in which he had performed the operation was one of stricture, the result of an injury; had experienced severe hæmorrhage, which necessitated the plugging of the wound; would ask Dr. Fenwick for what class of cases he operated, and whether for *elastic* strictures as the number appeared to him to be large.

Dr. FENWICK.—Of seven cases he called to mind at the moment, in two he could not pass an instrument at all, in another there was complete obliteration of the urethra, about one inch in extent, commencing about one and a half inches from the point of the penis; was obliged to cut down and find the urethra, pass a director forwards and slit it up, then passed a large catheter; did not generally operate for elastic stricture; always adopted the plan followed in Dr. Campbell's case of first passing a director into the bladder to act as a guide, before withdrawing the staff.

Dr. MCCALLUM had operated four times; two recovered without a bad symptom; in the other two there were severe rigors and high fever. All recovered.

Dr. DRAKE said he had operated twice; one case was that of an old man, who suffered from severe chronic cystitis; he recovered completely from the operation, but died some considerable time after from the bladder affection. His second case was one in which Dr. Fenwick had operated some two years before, but the man had allowed the stricture to contract; had tried Holt's dilator without success as the stricture proved to be resilient; he made a good recovery.

Dr. SCOTT has operated successfully by cutting on the end of a catheter where no staff could be got into the stricture.

Dr. HOWARD thought distinction should be made between operations for traumatic lesions and those for ordinary stricture. Had never seen any considerable hæmorrhage in the cases at the General Hospital; had seen Smith, of London, operate in one case where severe hæmorrhage occurred.

Dr. HINSTON was glad to find that the results of this operation in Montreal had been satisfactory; he believed them to be better than those attained across the Atlantic. would ask if fistulous openings had been often found to remain? Also how long the catheter was generally left in after the first introduction?