

and the urine was voided by drops. The staff (Syme's) was introduced with more difficulty than on the previous occasion. He was then placed upon the table and fastened in the lithotomy position. Chloroform having been administered, the operation was commenced by an incision in the mesial line, an inch and a-half in length, and terminating about an inch in front of the anus. After dividing the skin and cellular membrane, the groove in the staff could be distinctly felt, but owing to the thickness of the parts near the bulb, the shoulder of the instrument could not be distinguished. The dilated membranous portion of the urethra behind was easily felt, and served as a guide for the introduction of the knife, the object being to cut from behind forwards. Commencing at the posterior border, the stricture was divided, keeping carefully in the mesial line, and following it forwards until the shoulder of the staff was reached, embedded in the bulbous portion of the canal. The handle of the staff was then depressed, and the instrument passed readily into the bladder. The walls of the stricture, though feeling hard and cartilaginous on slight manipulation, were remarkably brittle, and could be readily broken down by the finger.

A No. 8 silver catheter was then introduced, and the patient put to bed on his back, with the shoulders well raised, and a large sponge so placed as to receive the urine as it flowed from the catheter.

July 2.—Everything going on well; passed a comfortable night, and is in excellent spirits. The wound looks healthy, and there are no symptoms of urinary infiltration.

July 3.—Progressing favourably. The wound is beginning to secrete healthy pus. He complains of slight costiveness and want of appetite. The catheter was removed, and three laxative pills prescribed for bedtime, and half a grain of quinine to be taken three times a-day.

July 4th.—He had a violent rigor this morning, accompanied by delirium, probably aggravated by an unusually large quantity of opium taken during the night, amounting to about nine drachms of the tincture, his usual quantity being from five to six drachms daily. The wound appears to be progressing favourably, and there is no appearance of extravasation of urine or other cause of irritation to account for the rigor. A warm bath was ordered immediately, and the opium given in charge to an attendant, to prevent a repetition of the excess.

July 5th.—Much better in every respect. No repetition of the rigor. The urine is passed both through the wound and through the natural passage, about equal portions passing in each direction.

July 6th.—The catheter was introduced to-day, and found to pass readily into the bladder. It was allowed to remain 4 hours. He ex-