

deepest suffering; you feel the outline of the distended bladder over the pubes, even as far the umbilicus, or in private practice you are hurried away perhaps in the middle of the night, and find him at home. Various remedies having been tried and found of no avail, he is anxious for relief in any—the most speedy way; he is in the utmost torture; he thinks the viscous may give way; but this, I may say, seldom or never occurs in the popular sense. Well, you are all this time feeling the fluctuation of the abdomen and the distended outline of the bladder; but mark well, also, the age and previous habits of your patient, and that there is hot, dry skin, thirst, and accelerated pulse; you examine the perineum: you ask what already has been done in the way of opiates, diuretics, &c. &c. You feel next in the line of urethra all the parts in front of the triangular ligament; if there be no induration of the corpus spongiosum of the urethra, and the age of the patient is favourable the case is not likely to be severe, and I should continue to press the catheter that you have been working with all this time steadily onward; you need not be afraid of lacunæ if you keep the instrument against the upper side or surface of the canal—*don't use force*—mind you manipulate properly; thus the point of the catheter may be stopped, not by a lacuna, but by a fold of mucous membrane doubled on itself as it were; in this case you draw forward the penis on the instrument and very probably it passes. I think it as well to say, however, that, notwithstanding all care and all our precaution, a false passage sometimes is made; thus I was engaged in a case once along with admittedly the first surgeon in the empire; the instrument was urged on by him, and a false passage made!

Chloroform—how about that! Some surgeons that I meet at the College are in favour of chloroform; my experience of anesthetics I must say is small, but my experience of opium is large, and I would say try opium by all manner and means, especially opium in the rectum.

A double quantity of opium in shape of enema is to be used and thrown into the rectum with about two ounces of starch, not more. [By the way I use the term *enēma*, not *enēma*, the second syllable is short not long; perhaps I should apologise to my friends who know their Greek, but Archdeacon Paley is known more for his one false quantity than all his sermons.] If the enema acts and you foment the bladder, the patient will go to sleep, and then when he wakes up it will be perhaps to pass some water or to allow some further progress to be made with the catheter. If you fail in everything as in this case last Christmas, what are you to do? I believe you have no other resource but to puncture the bladder. There are, of course, three modes in which this may be