confess that the means employed, and particularly that of internal urethrotomy, by the process of Maisonneuve, have furnished insufficient results, and but of short duration. Valvular strictures have, almost always, for some time past, been treated by urethrotomy, with the cutting blade (lamina). In the first case—traumatic stricture—an operation is practised which gives a result only more than middling, and in the second—valvular stricture—an operation is performed of great gravity, to combat an insignificant lesion. It is from these considerations that we deem it useful to relate the history of a case of traumatic stricture, which we shall first give, and also of a valvular, one which was twice treated by incision, according to the process of Henrteloup, and which, having a prompt relapse, yielded completely to chemico-galvanism.

Early in December, 1880, J. D., a child of ten years, fell on his perineum, on the head of an iron bed. His mother observed a bloody discharge from the urethra, which stained his clothing. The history from the moment of the accident up to the day on which we saw him, is as follows: On the first day, urethral hemorrhage, fruitless trials of catheterism, cold compresses to the perineum, a hæmostatic potion. At the end of 20 hours the hemorrhage ceased. During the 8 days following, absence of blood in the urine, micturition rather free, though painful, absence of fever, extensive ecchymosis in the perineum, with infiltration of urine. Urethral hemorrhage, without appreciable cause, on the ninth day, but it was stopped by applications of ice to the perineal region. On the next day the little fellow was brought to the hospital for children, when catheterism was practised with a metallic sound, and then he was taken home. Douches were employed during three months, by advice of the physician. During this time micturition became constantly more difficult; the flow of urine became gradually thready, and finally came only in drops; rentention ensued, and urine passed only when engorgement was reached; this condition resulted in diurnal and nocturnal incontinence. It was in this state that the patient was presented to me on the 7th of July, 1883, 18 months, more or less, after the accident, in a state of considerable emaciation. He was constantly wet with urine, and in the urethra there was found, at the level of the bulbo-membranous region, a hard stricture, resistant and impassable. There was also an elongation of the prepuce with a marked constriction of its margin—a congenital phymosis. Catheterism was tried with filiform sounds during many days, without success in passing the stricture. Several vesical punctures were made in order to remove the great distension. From palpation of the perineum we formed a sufficiently exact notion of a hard and pretty long stricture, situate nnder the symphisis pubis. We then decided, without giving up the attempts at catheterism, with very fine whalebone sounds, to practise circumcision, which was effected on the 11th of July, 1883. As soon as he recovered from this operation he disappeared for three months. In the beginning of November catheterism was again tried, without success. We then resolved, in the middle of December, to make, in the forward part of the stricture, application of the chemico-galvanic cautery, without the conductor, of which Dr. Mallez made use on the occasion of the first applications made by him with Dr. Tripier, which had often given excellent results. This operation was practised on the 14th of December, 1883. The patient was subjected to chloroform. The galvanic cautery was introduced into the urethra. One of the extremities was placed in contact with the stricture, and the other with the negative pole of a pile of chloride of zinc, of Gaiffe, whilst the positive pole corresponded to the electrode placed on the thigh. A current from 18 elements was kept in action for 15 minutes. The milli-ampere showed 45 degrees. During these 15 minutes of action of the pile, the galvanic cautery penetrated a little into the texture of the stricture, which offered considerable resistance. We therefore took care not to exert much pressure, as it was our desire to modify only the forward part of the stricture so as to render it permeable to sounds. No attempt at catheterism was made after this sitting. The patient returned after six days, and we were able to pass a filiform sound, which was strongly grasped by the stricture. Catheterism was regularly followed up, two or three times a week, and at the end of January, 1884, we passed a number nine of the scale of Charriere. The incontinence became modified; the patient passed several hours without involuntary escape of urine, but the night incontinence persisted.

In the first days of February dilatation gave no further result. In presence of the impossibility of