terior urethral tract; these lesions are readily distinguished from other urethral lesions by their *glistening appearance and extreme sensitiveness* upon instrumentation, thus indicating superficial surface loss.

Treatment: Strong solutions of silver nitrate, urethroscopically applied will yield excellent results in a vast majority of cases.

E—Hyperthropic Urethritis

The above variety is a type, sui generis, being found only in about four per cent. of all cases of chronic urethritis. When a sound is inserted in the urethra, the seat of an hyertrophic mucosa, it will readily give the impression of a stritcure, but when viewed urethroscopically an entirely different picture presents itself to our view. Aside from the difficulty experienced in the introduction of an endoscope in such cases, the field of inspection presents a pathognomonic picture; a *lax, spongy,* and rugous mucosa projects in the fenestrum that closely resembles indentations or folds made in wax, the whole having the appearance of vaginal rugae. This condition is extremely chronic and very seldom yields to treatment. While the etiologic factor is undoubtedly of venereal origin, the gonococci are not always demonstratable; in fact no organisms whatever can be discovered in such instances. Microscopic examination of the secretion will elicit squamous epithelia and occasional pus cells, but no organisms.

Treatment—As intimated above it is very unsatisfactory; the electocautery has been attended by some results; the application of strong solution of silver nitrate has in some cases affected a reduction of the hypertrophy. Urethroscopic treatment must be supplemented by the insertion of sounds, which must be kept in situ for at least fifteen minutes. Scarification of the involved mucosa has yielded excellent results in a few cases.

F—Enlarged Urethral Glands

While not of common ocurrence, we occasionally encounter at various intervals in the urethra, minute, pale, slightly elevated and indurated follicles. In such cases we must refrain from the use of caustics and rely upon *Expressions,* wherever these lesions are located. The handle of the spear-shaped blade is introduced and pressure brought to bear upon these follicles both from within and without, the finger outside in juxtaposition to the instrument within. A few of these treatments will suffice to eradicate these enlarged follicles.

G—Incipient Stricturs

By means of urethroscopy, an incipient stricture may be recognized. Even a fully matured stricture, if not exceeding a certain calibre, may