

pointed definitely to a tumor of the cord at this point, and seemed to give due sanction to an attempt at its removal. Mr. Horsley laid bare and cut away the laminæ of the fifth and fourth dorsal vertebræ, but did not bring the tumor into view till he had removed the laminæ of the third dorsal as well. The growth proved to be a small oval myxoma, compressing and making a deep impression on the left side of the cord below the third vertebra. It was removed without difficulty, under antiseptic precautions, and the wound healed, with a trifling rise of temperature, by first intention, except a point at the upper part which was kept open for drainage, and through which cerebro-spinal fluid exuded in small quantities for a short time. The pain continued for three or four weeks, after which it slowly and intermittently subsided. At this time (seven months after the operation) there is no pain, while motion and sensation in the lower limbs are almost completely restored. The operation, with its happy issue, bears brilliant testimony to the skill and courage of the able surgeon who performed it, and marks a memorable day in the history of his aggressive art.

Cases of Urethral Stricture Treated by Electrolysis.

From the *Boston Medical Journal* we quote the following cases of stricture treated by electrolysis, the method employed being essentially that advised by Dr. Newman, of New York, and Mr. Clark, of St. Bartholomew's Hospital, London. The caliber of the stricture having been measured, a bulb-electrode one or two sizes larger is passed down to it and connected with the negative pole of a galvanic battery. The positive pole is attached to a broad metallic electrode, covered with wet absorbent cotton (or a sponge electrode), which is held against the abdomen or elsewhere. The strength of the current used should be from three to five milliamperes: a little less in the last case. The electrode will generally pass through the stricture within half an hour, only the gentlest pressure, if any, being exerted. The operation is painless. Very little after-treatment is indicated. In these cases ten grains of quinine were given after each operation, and the patients were advised to keep quiet for a day or two. After an interval of a week or more,

not less, the urethra is examined to ascertain the result of the operation.

CASE 1. G. T., twenty-eight years old, was first treated for stricture two years ago. His urethra is very sensitive, and he has several times had chills after the passage of sounds.

Strictures of a caliber of 19 (French scale) were found at $\frac{1}{2}$ inch and at 2 inches from the meatus, and one of 16 at $3\frac{1}{2}$ inches. The first stricture was treated by electrolysis May 7th. Electrode No. 20 was placed against the stricture, and with a current of 4 milliamperes it passed through in 20 minutes. Within 12 hours the patient had a severe chill, with fever and vomiting, and was quite ill for several days. He returned to the Dispensary in about a month, but the result of the operation could not be accurately ascertained, as he had meanwhile been treated by gradual dilatation at the City Hospital. This treatment was continued.

CASE 2. J. H., fifty-three years old, had strictures admitting 17 at $1\frac{1}{2}$ and $1\frac{3}{4}$ inches. May 24th electrode 18 passed both strictures in 10 minutes. Although there was no chill, the operation was followed by *malaise* lasting a week, with considerable local irritation and a copious discharge. The strictures were found to have contracted to 14, and the treatment was abandoned.

CASE 3. E. J., thirty-nine years old, had his first gonorrhea eighteen years ago, and symptoms of stricture fifteen years ago. He came to the dispensary with a chronic discharge, and when examined was found to have strictures as follows: at $\frac{3}{4}$ inch 22, at $1\frac{1}{2}$ inches 18, at $2\frac{1}{4}$ inches 14. July 28th the middle stricture (18) was electrolyzed and electrode No. 20 passed through in 15 minutes. The operation caused no constitutional symptoms whatever, but some local irritation with increased discharge and painful micturition, on account of which examination was delayed and the patient was lost sight of until September 22nd, when the stricture operated upon and the one posterior to it were found to be the same size as before, while the anterior stricture had contracted. He had no treatment meanwhile. Two days later electrode 17 was passed through the narrowest stricture (14) in 20 minutes. This was followed by no constitutional symptoms and by less local disturbance than before. One week later (October 1st) bougie à boule 18 was passed easily through all the strictures. The urethra was very sensitive. October 8th a bulbous