from the urethra, probably caused by a rupture of a small portion of the urethra from the great straining of the patient during an "attack of gravel."

My first visit to him was in January, 1870, when he was suffering from one of these attacks, of unusual severity, which had lasted more than two days at the time of my visit. Three days before my visit the lad took severe exercise in running and jumping off a shed fourteen feet high to the ground, and that night began to complain of pain in urinating, extending up the urethra, and passing only a few drops at a time. There was constant pulling of the prepuce; no sleep; hot and feverish; appetite gone.

It was evident something should be done, and at once, as the little fellow was in agony; the bearing-down pains were really distressing to bear, hardly leaving the patient for a moment, and unless something were done, the bladder, which extended almost up to the umbilicus, was in danger of being ruptured.

A warm bath was first tried, without any benefit; when I attempted to pass a No. 5 elastic catheter, but failed, owing to the pain and restless condition of the patient. The parents would not allow ether or chloroform to be given, preferring to wait a few hours before any operative measures were undertaken. After trying opiates and the warm bath for a few hours without relief, ether was given, when a foreign body could be felt filling the urethra about an inch in front of the bulb, which was shown, on passing a sound, to be an impacted stone. The parents preferred to have a consultation, when Dr. Thaxter was called in and gave me his valuable assistance during the operation.

An effort was first made to extract the stone with a long narrow forceps, but it failed. Dr. Thaxter held the stone firmly and drew back the scrotum, while an incision was made in the raphé just anterior to the scrotum: the stone was now pressed forward toward the cut and withdrawn by a forceps.

Very little bleeding followed the operation. A No. 5 elastic catheter was passed through the entire length of the urethra and retained by straps; the edges of the wound were brought together by two very firm silk sutures, with the expectation of obtaining union by first intention, as the wound did not differ from any ordinary flesh wound as long as the urine was not