

and such adhesions were found as to necessitate a very careful separation from the urethra, and the removal of a small portion of the surface of the crus penis. The wound did not completely heal, a small sinus remaining.

Cataphoresis, with the sponge electrodes and Donovan's solution, was commenced again on September 6th.

A small nodule which was detected deep in the perineum on September 14th, was removed a week later, and this again was with great difficulty separated from the urethra and cut away from the crus penis, bleeding from which was controlled by forceps, while silk was used to ligate bleeding vessels. One of these ligatures was removed on December 12th from a sinus which had remained.

Cataphoresis, which had been interrupted by the operation, was again applied, December 10th, but in a few days another small tumor was detected, and by the 20th had attained the size of an almond.

On December 31st, 1887, a soft mass the size of a walnut, together with the adjacent cicatrix, which was hard and thickened, was removed. This time the tumor was attached to the perineal fascia, and very little healthy tissue was cut away. No large vessels were divided and no ligatures used (a fact which I am not sure did not contribute largely to the success of the case). Short stitches were used to bring the deep surfaces together, and the wound healed nicely by first intention. The stitches were removed on January 4th, but two days later the patient sat upon a vessel to have his bowels moved, and the cicatrix gave way. I at once put in a couple of deep sutures, and was fortunate enough to secure healing by first intention a second time.

Cataphoresis was resumed on January 24th, 1898, at which time the cicatrix was somewhat thickened. I now placed the positive sponge electrode, with the cotton saturated with Donovan's solution, near the cicatrix, while that connected with the negative pole was placed at some distance, and so that the direction of the current was through the former site of disease. This was repeated every second day, each seance lasting ten minutes. The cicatrix gradually assumed a more normal appearance, and since that time we have had no sign of a recurrence.

In May, 1898, I sent to Dr. Cullen, of Johns Hopkins Hospital, portions of the fifth, sixth and seventh recurrences for examination, and he pronounced the case adeno-carcinoma.

Since the last operation cataphoresis has been persevered with, applications being made twice a week, and the internal medication has been continued intermittently, the patient meanwhile pursuing his usual occupation. At the present