

seminal ducts open by two distinct orifices. The mucous coat consists of a fibrous basement membrane, which is covered upon its free surface by an abundant development of mucous corpuscles and epithelial cells. The areolar tissue connecting the basement membrane with the corpus spongiosum is largely supplied with capillary vessels intended to sustain and develop the mucous corpuscles and form the epithelial cells.

Such is a slight sketch of the seat of the disease which was presented in the case of the patient Daniel McKay. All the probable causes which could produce the formation of matter in this region should now enter into our consideration. In the first place, however, it will be obvious from conformation of the parts, that the membranous portion of the urethra is the most complicated and exposed of all these parts; and here we find abscess more frequently to occur. The prostatic portion is surrounded and defended by the prostate gland, and the anterior portion is securely enclosed in the corpus spongiosum, while the membranous is covered and supported merely by fascia and muscles.

In the first place, as in Daniel McKay, we may have an injury caused by a blow upon the perineum. The urethra may be caught between a foreign body and the arch of the pubis; the injury may cause extravasation of blood by rupturing some of the vessels surrounding this membranous part of the urethra; some of the large veins perhaps, or even the bulb itself may be ruptured, causing considerable extravasation of blood, and perhaps some injury to the urethra itself. The effect of this hemorrhage may be an extravasation of blood, that compresses the urethra, and prevents the escape of the urine; but, as the urethra has not been broken, the power of the detrusor urinæ will still, in all probability, be sufficient to extrude the urine from the bladder; probably there is no great hindrance to the flow, and assuredly the catheter will easily pass into the bladder and relieve the distention; by degrees the perineum looks black and discoloured, but after a time the extravasated blood gets absorbed, and being entirely removed, the patient gets well. Should it happen, however, that the quantity of effused blood is very considerable, the thinner parts are, perhaps, only absorbed, the pressure that contracted the canal is diminished, and now the patient passes his water freely; perhaps the clot of blood, too large to be removed by the absorbents, has, after some slight irritation, begun to soften and form pus. The bruise and injury to the urethra have, perhaps, contracted its calibre and there is a slight impediment to the passage of the urine; the