much inflamed and excoriated, care ſhould be taken to inſert lint ſpread with emollient ointment between the glans and prepuce, otherwiſe troubleſome adheſions are apt to enſue. It is evident, that when this diſeaſe is of the venereal kind, the ſore will not readily heal till the poiſon be eradicated from the constitution.

In ſome caſes of phymoſis the preputium is ſo remarkably long, and the contraction ſo much confined to the point, that a circular inciſion is preferable to a longitudinal one ; and it is easily effected, by ſeparating ſuch a portion as may be found necessary of the whole circumference of the prepuce. The dreſſings in this caſe are the ſame as when the prepuce is slit open.

Paraphymoſis is the reverſe of phymoſis, being form­ed by a retraction of the prepuce, producing ſtricture be­hind the glans of the penis. Like the former diſeaſe, it ariſes moſt frequently from a venereal infection, but may be produced from whatever preternaturally enlarges the glans or conſtricts the prepuce.

In the incipient ſtate, the patient may generally be re­lieved by the ſurgeon puſhing the glans gently back with his thumbs, while with his fingers he brings the prepuce gradually forward. But a more effectual method than this is to incloſe the glans with one of the hands, and preſs gently on all ſides, by which the fluids forming the enlarge­ment will be puſhed into the body of the penis behind the ſtricture. If this method be perſevered in for a conſiderable time, it will generally be found to anſwer the purpoſe : but ſhould it prove ineffectual, we may try the effects of cold applications ; and the beſt ſeem to be thoſe of the ſaturnine kind. When the penis is evidently much ſwelled and inflamed, the patient ſhould be kept cool, gentle laxa­tives and low diet ſhould be preſcribed, and a number of leeches applied to the penis. Should the diſeaſe ſtill con­tinue to increaſe, and an œdematous ſwelling appear about the under part of the prepuce, an operation is necessary to prevent a mortification from taking place in the glans. An inciſion is to be made on each ſide of the penis immediate­ly behind the glans, ſo large as completely to divide the ſtricture. The wound ought to be allowed to blood freely; after which a pledget ſpread with ſimple ointment is to be applied, and an emollient poultice laid over the whole.

Sect. III. *Of an Incomplete Urethra.*

In children, eſpecially males, the urethra is ſometimes incomplete, ending before it reaches the uſual place of ter­mination. Sometimes it does ſo without any external open­ing, at other times it opens at a diſtance from the com­mon termination. In the first caſe, a small trocar is to be introduced in the direction the urethra ought to take, till the urine be diſcharged ; after which, the paſſage is to be kept open by the uſe of bougies, till the ſides be rendered callous and an opening preſerved. In the other caſe, as the opening which is already found affords a temporary paſſage for the urine, it will be better to delay doing any opera­tion till the patient be farther advanced in life, when it is to be performed as in the former caſe.

After the operation, a piece of flexible catheter may be introduced, as well for the purpoſe of rendering the paſſage free and callous, as for carrying off the water till a cure is made.

Sect. IV. *Of Amputating the Penis.*

This operation is found necessary in certain diſeaſes which will not yield to other remedies ; as in caſes of mortifica­tion and cancer. The following is the method of performing it :

A circular inciſion is first to be made through the sound ſkin a little bevond the diſeaſed parts; the skin is then to be drawn back by an aſſiſtant, and the body of the penis divided by one ſtroke of the knife (fig. 99.) immediately at the edge of the retracted ſkin. The principal arteries, which are two or three on each ſide, are next to be ſecured by ligatures ; and if an oozing of blood ſtill continue, the ſurface of the ſore ought to be dusted with ſome styptic powder. To allow the patient to make water, a ſilver canula (fig. 99. *a)* is to be introduced into the urethra, and retained there by two ſmall ligatures fixed to the ſide of the canula, their other extremities being faſtened to a bandage put round the body. The wound is to be dressed with ſoft lint, kept in its place by a piece of linen previouſly perfo­rated for the introduction of the canula. The dreſſings are to be kept on by a narrow roller passed a few times, round the penis, which, by gently compreſſing the penis upon the inſtrument, will effectually prevent any farther diſcharge of blood. The after treatment of the ſore ſhould be ſimilar to wounds in other parts of the body. But it will not be necessary to make any farther compreſſion of the penis upon the canula, as the diſcharge of blood will, pre­vious to this time, be entirely ſtopped. The tube is to be allowed to remain in the urethra during the whole time of the cure.

Before any operation of this kind is attempted, the ſurgeon ought to examine attentively, whether the diſeaſe be in the penis itſelf, or only in the skin, as the prepuce, alone is frequently ſo much enlarged and otherwiſe diſeaſed as to give cauſe for ſuſpicion that the glans and body of the penis are likewiſe affected. This precaution is the more necessary, as ſeveral instances have occurred where the glans and body of the penis have been removed, and, after the opera­tion, have been found perfectly ſound. Previous to amputation, therefore, where there is any cauſe for ſuſpicion, the prepuce ſhould be slit open, and the glans examined, ſo as to avoid amputating more than what is abſolutely diſeaſed.

It ſometimes happens that the frænum of the penis is ſo ſhort as to give considerable uneaſineſs in time of an erection. When this is the caſe, it may be ſafely divided by a pair of ſcissars, or by a ſharp-pointed biſtoury, and the wound dressed with a little charpie.

Sect. V. *Of Fistula in Perinaeο.*

The term implies a ſinuous ulcer in the perinæum, com­monly communicating with the urethra, but ſometimes open­ing into the bladder. Thc ſame term is alſo applied to ſimilar sores opening into the ſcrotum, or into any part of the penis.

The diſeaſe may ariſe from wounds in the bladder, and of the urethra, from external violence ; from a laceration of parts when performing the operation of lithotomy ; ſrom inciſion into the urethra for the extraction of calculi im­pacted there ; from ſinuſes producing matter capable of cor­roding the membranous part of the urethra ; from ſuppuration in the perinæum in conſequence of inflammation ; from the urine paſſing through an opening in the urethra into the perinseum or other neighbouring parts, and rendering the edges of the ſore callous ; and most frequently the diſeaſe is occaſioned by venereal complaints.

In the treatment of this diſeaſe, when it is the conſe­quence of a general affection of the ſystem, a removal of the primary diſorder is necessary before a cure can be attempted. When the complaint is of a local nature, a ſimple inciſion into the ſinus is all that is necessary ; and for this purpoſe & ſtaff is to be introduced into the urethra, ſo as to paſs the opening at which the urine, is diſcharged. A probe, or a ſmall director, is now to be pasſed at the external opening of