

I fully recognize the responsibility of so pronounced an opinion on this important matter, and I trust that, during the discussion which is to follow, some sound reasons will be adduced to show why *urethrotomy* should be confined to grave and close Strictures; why a resilient urethral obstruction should be made the subject of oft-repeated stretchings—never without risk, and perhaps for a life time—instead of the prompt, rational, and what appears to me the more surgical, treatment by *division*. Is it his fault, or that of his surgeon, that the subject of a gleet is so often made to pay a wearying tribute to one member of our profession after another, until at last he drops into the clutches of that class which Sir Henry Thompson so graphically describes as hanging on the outskirts of our honorable profession: who will extort his last dollar in exchange for a placebo. I believe it can be proved, that every gleet is the result of Stricture, and that it is a true and safe economy to search it out in its inception—to divide it, and thus promptly restore the urethral calibre to its integrity, and *before* the damage it may occasion has implicated tissues and organs to an extent which may imperil life. Every Stricture is a mortgage bearing compound interest, and the wise man will promptly pay it off. Every gleet is a call for payment. You may for the time, with syringe and bougie, drive off this implacable, persistent dun, but he will return, in one guise or another, until the debt is paid, or the property is forfeit."

*Discussion following Dr. Otis's reply to Prof. Sands: **

Dr. Weir proceeded to discuss the question under two heads:

1. What is the size of the normal urethra?
2. What are its normal contractions?

His conclusions were:

1. That the spongy portion of the urethra is the smaller and least distensible.

* As reported in the N. Y. Medical Record of March 6th, 1876.

2. That a healthy urethra can be distended in its spongy portion to admit 32 to 33 mm., French scale.

3. Normal contractions frequently exist as small as 29 mm. in the spongy portion.

4. The normal size of the meatus varies from 18 to 28 mm.

5. That the urethral canal is narrowed at the meatus, dilated in the glans, slightly narrowed at the termination of the fossa navicularis, and then is nearly uniform in size through the spongy portion, again enlarges at the bulb, etc.

Dr. Weir, in the course of his remarks, referred to cases in which there were evidences of Stricture during life, but no evidences were found by microscopical examination after death.

Dr. Bumstead remarked that there were many questions in connection with the subject under discussion upon which he wished to have further light and more experience before venturing an opinion upon particular points. The truth in the case has probably not yet been found. But with reference to gleet and organic Stricture the doctor expressed a doubt whether the former invariably depend upon the latter. He was not able to see any reason why we should not look for causes of a gleet discharge in a granular condition of the mucous membrane, hyperæmia at certain points, such as are seen in chronic conjunctivitis or inflammation of other mucous membranes.

With reference to the use of the urethra-metre, Dr. Bumstead regarded the feeling of fulness alluded to as a somewhat uncertain index, for it depends very much upon the sensibility of the patient and also very much upon the care exercised by the surgeon. Dr. Bumstead agreed with Dr. Otis, and accepted the measurement of the central portion of the spongy portion, it being the least distensible, as the fairest index of the size of the urethra. How far that measurement corresponds to the size of the penis, he was not prepared to say, although from the limited number of examinations he had made, they had so far corresponded that he was willing to accept the statements made by Dr. Otis on this point.

With regard to the size of the meatus, Dr. Bumstead dif-

ferred with Dr. Sands, who regards it a rough test to the calibre of the urethra, and considers the freaks of nature in this direction, quite as constant as with regard to the length of the penis. We should never be tempted to take the size of the meatus as the index of the calibre of the urethral canal. He was of the opinion that, as a general rule, the meatus is smaller than the calibre of the urethral canal itself, and does not hesitate to divide it, either for purposes of dilatation or for the purpose of passing instruments other than dilators.

With regard to internal urethrotomy for the cure of urethral Stricture, as compared with dilatation, his experience had differed from that of Dr. Sands, and he did not regard dilatation as the best means to be employed. It is well known how unsuccessful the treatment by dilatation has been, for Strictures subjected to dilatation have recurred time and time again, and that was the rule and not the exception. He had obtained much better results by internal urethrotomy, than by dilatation or by rupture. Some years ago Dr. Bumstead was in the habit of treating urethral Strictures by the use of Holt's divulsor, but latterly he has discarded this method of treatment almost entirely. For the treatment of Stricture in the anterior portion of the urethra, internal urethrotomy is rarely productive of harm, and has a great superiority over ordinary dilatation. He had also found that internal urethrotomy, when carried to a considerable extent has, in his hands, been productive of better results than when carried to a lower degree. Reference was made to several cases which had been cut so as to receive 26 French scale, and in the course of six months had so contracted as only to admit 14 or 15 of the same scale. These cases, cut a second time up to the same point, contracted a second time, and so on; so that during the last two or three years it has been his custom to cut up to 35 and 40 French, and the tendency to contraction has been much less than before. The same may be said with regard to the habitual use of very large sounds.

With reference to the statement made by Dr. Sands that instruments larger than 25 mm. were rarely necessary for pur-

poses of treatment or diagnosis, he did not believe it could be carried out in practice. He was of the opinion that sounds larger than 25 mm. were constantly required in practice, and he should not feel satisfied if he restricted himself to that size.

With regard to slitting up the meatus, he was of the belief that it was done altogether too much, as well as cutting the urethra elsewhere, especially by the inexperienced. But he had seen no ill results from slitting the meatus, and did not hesitate to resort to the operation if necessary to effect the passage of an instrument. "I will say," adds Dr. Bumstead, "as I commenced, that the truth with regard to this matter under discussion is yet to be arrived at. The subject requires further investigation before we express a full and decided opinion as to exactly how far dilatation of the urethral canal should be carried."

Dr. George A. Peters, commenting upon the cases in which he had assisted Dr. Otis in making the measurements, remarked that he was surprised at the uniform correspondence between the actual measurement of the urethra and that called for by the circumferential measurement of the penis, the variation not being more than 1 or 2 mm. When using the urethra-metre he does not depend upon the sensations of the patient with reference to the distance to which the blades can be separated, but trusts to his own sense, and gives them sufficient separation, so that the instrument is barely grasped by the urethra without distending it unduly. At the meatus the instrument must be reduced in size two or more millimetres before it can make its exit, if it has moderately distended the canal before reaching that point.

With reference to slitting the meatus urinarius, he has had no trouble or fear in resorting to the operation, and has found it very essential for the purpose of perfecting the treatment of Stricture, and sometimes for the absolute diagnosis.

He has failed sometimes in affording any relief when the meatus has been slit for the cure of what was supposed to be reflex trouble, but has never seen any actual harm arise from the procedure.

With reference to the use of instruments, the doctor remarked that he had carried them up to 35, sometimes 40, and was confident that he had obtained more permanent benefit than when they were carried only to 25 or lower.

With reference to the question of internal urethrotomy he agreed with Dr. Bumstead in the statement that it was to be relied upon for the treatment of Stricture of the urethra rather than dilatation or rupture.

Dr. Keyes remarked that the fact that the urethra can be distended to very great dimensions has been known for a long time, but that this fact has any practical importance has not been shown.

So also the urethra will permit of extensive cuttings; but these, together with excessive dilatations, have fallen into disuse, thus showing that the profession has declared itself against extreme measures in these directions.

That the rectum can be dilated sufficiently to admit a man's hand, and the female urethra so dilated as to readily admit the index finger, does not necessarily make it the most judicious method of obtaining admission through these openings. Why any difference should be made respecting the male urethra he was not able to understand. That the measurements vary very greatly has been shown by the figures of every observer, and these variations which have been found in the calibre of the urethra, are enough to disprove the value of any instrument for its measurement beyond certain reasonably high limits. If anybody could establish the absolute calibre of this canal it would be valuable, but it seems difficult to obtain such a standard.

In the treatment of gleet by dilatation the doctor recommended that instruments below rather than above 30 mm. in circumference should be used, and stopped when the symptoms disappear. Dr. Keyes remarked that he had not used a sound for this purpose above the size of 36, and that size was used only once, and in a patient who had an exceptionally large urethra and penis. The symptoms of gleet cease almost always after the use of instruments below 30. In the

anterior portion of the urethra internal urethrotomy is better than dilatation in the treatment of Stricture. In the deeper portions of the urethra Stricture does not yield to internal urethrotomy so readily.

Traumatic linear Strictures are best treated by external section. And so it is; no fixed rules can be given with reference to the treatment of Stricture, but every case must be studied by itself. To establish measurements, therefore, upon fixed standards which shall decide delicate questions with reference to operative interference or general treatment are apt to do more harm than good.

The discussion closed with the remarks of Dr. Keyes.*

Following are the tabulated measurements of 100 supposed normal urethræ referred to during the previous discussion.

* Dr. Keyes was associated with Prof. Wm. H. Van Buren in the preparation of their valuable work on Genito-Urinary Diseases with Syphilis, published by Appleton & Co., 1874, but little more than a year previous to this discussion. By reference to page 28 of that work (and to page 83, of this) it will be seen that Messrs. Van Buren and Keyes state emphatically that "a fair average well formed urethra measures about three-eighths of an inch in diameter (*i. e.* 30mm. circumference).

This estimate, (much greater than any before published, except by myself) was based either upon the published results of my observations or upon measurements with the imperfect means in use before my invention of the Urethra-metre. It varied only $1\frac{84}{100}$ mm. in circumference (less than $\frac{1}{16}$ diameter) from the results of my actual measurements made with the most perfect mechanical accuracy, as published in March 1875, and quoted on page 178 and on page 72, 1874. Why the use of instruments, in the treatment of gleet by dilatation, *below*, 30 mm. (previously claimed by him to be the average size of the well formed urethra) should be recommended was not explained.

The suggested *reductio ad absurdum* (in Dr. K.'s opening remarks), by comparison of simple measurements of the male urethra with introduction of the hand into the rectum, or the finger into the female bladder, lost its point when it was considered that mechanical measurements, without force, and with mathematical accuracy of results, alone had been claimed—with which procedure the forcible rupture of the sphincter ani or sphincter vesicæ, referred to, had nothing in common. A painstaking experience with a good urethra-metre, say in 40 or 50 cases, will not fail to convince any surgeon of the absolute accuracy of the results claimed for this instrument. In comparison with these results it will also be seen that all deductions from previous estimates and measurements, by other methods, are wholly unreliable.

MEASUREMENTS OF THE NORMAL MALE URETHRA IN 100 CASES.

No. of case.	Age of Patient.	Antecedent History.	Present Condition, Functions, etc.	Prostate Gland.	Length of Flaccid Penis from Meatus to B. M. Junction. In inches.	Circumference of Penis in inches.	Cal. of Urethra. Mm.	Measurements with Urethrametre.		
								Dis. from Meatus in inches.	Calibre of Urethra. Mm.	
128		No Gonorrhoea. Masturbation.		Not examined.	5	3 3/8 =	34	At Bulb = 34 At 4 = 33 From 4 to Meatus } = 28 Meatus = 25	1 to 3	
226		No Gon. Masturbation.	Long Prepuce.	do.	6	3 3/4 =	36	At Bulb = 38 At 4 = 34 From 3 1/2 to Meatus } = 35 Meatus = 25	1/2	
317		No Gon. Denied Masturbation.	Long Prepuce.	do.	not taken	3 1/2 =	34	At Bulb = 30 At 3 1/2 = 27 At 2 1/2 Strict. by 25 to Meatus = 27 Meatus = 18		
428		No Gon. (kicked by horse years ago, occasl. dis. since.)		do.	do.	3 1/2 =	34	At Bulb = 34 At 3 = 33 From 3 to Meatus } = 34 Meatus = 24	3/4	
562		No Gon. (?) Masturbation.	Urethra very sensitive. Urinates every 2 h. Dribbles	do.	do.	3 1/2 =	34	At Bulb = 34 From 3 1/2 to Meatus } = 29 Meatus = 25	3 to 5	
622		No Gon. (?) Masturbation.	Urinates at night 2 to 3 times. Subject of epilepsy. Dribbles.	do.	do.	3 1/2 =	34	At Bulb = 34 At 4 = 33 From 4 to 2 1/2 } = 33 At 2 1/2 Strict. by 20 to Meatus } = 25	Pus on instrument	
727		No Gon. Masturbation till 18 years old.	Subject of hemiplegia. Dribbles.	do.	5 1/2	3 1/4 =	32	From 5 1/2 to Meatus } = 32 Meatus = 25	1	
8		No Gon. No Masturbation.	Hydrocele left side. Seml. emissions. No dribbling.	do.		3 1/4 =	32	At Bulb = 32 To 2 = 30 At 2 Strict. by 25 to Meatus = 22+		
950		No Gon. Occasional Masturbation.	No dribbling. Occasional emissions.	not enlarged.	5 1/2	3 1/2 =	34	At Bulb = 35 At 3 1/2 = 33 From 3 1/2 to Meatus } = 33 Meatus = 33	2	

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								Dis. from Meatus in inches.	Actual Cal. of Urethra. Mm.	
1029		No Gon. No masturbation.	Urinates every 2 hrs. and twice at night.	Not examined.	5 1/4	3 3/8 =	36	At Bulb = 36+ At 3 1/4 = 35 From 3 1/4 to Meatus } = 34 1/2 Meatus = 22 1/2		
1140		* No Gon. No masturbation.	Very long prepuce.	do.	5	3 3/4 =	36	At Bulb = 36 1/2 At 3 1/4 = 35 From 3 1/4 to 2 = 35 at 2 in. 34 det. band From 2 to Meatus } = 35 Meatus = 25	Pat. a'd urethrites acq. from wif. with disch. for 3 yrs.	
1274		No Gon.	Cystitis.	enlarged.	5	3 1/2 =	34	At Bulb = 36 At 3 1/2 = 34 for 1 inch From 2 1/2 to Meatus } = 33 Meatus = 15		
1339		No Gon.	Occasional seml. emissions.	Not examined.	5 1/2	3 3/4 =	36	At Bulb = 35 1/2 At 3 1/2 = 35 1/2 From 3 1/2 to Meatus } = 35 1/2 Meatus = 25 1/2	3	
1440		No Gon. No masturbation.		not enlarged. small and soft.	4 1/2	3 3/4 =	36	At Bulb = 36 From 3 in. to Meatus } = 34 Meatus = 33	1 to 3	
1541		* No Gon. No masturbation.	Urinates at night and often during day. Urethra very sensitive.	Not examined.	5	3 3/8 =	34	At Bulb = 35 At 3 1/4 = 34 From 3 1/4 to 2 = 34 at 2 = 30 Stricture. From 2 to 1/2 = 34 At 1/2 = 28 Meatus = 30	Pat. a'd urethritis acq. from wif. 7 yrs. before. 1 to 3.	
1650		No Gon. No masturbation.	Urinates once at night.	2 inches lat. measurement.	5	3 1/4 =	32	At Bulb = 34 to 2 inches = 34 From 2 to Meatus } = 33 Meatus = 15	4	
1750		No Gon. Masturbation.		not enlarged.	3 3/4	3 =	30	At Bulb = 31 to 2 1/2 = 31 From 2 1/2 to 1 = 28 at 1 = 27 Stricture. From 1 to Meatus } = 28 us = 15		

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								Dis. from Meatus in inches.	Actual Cal. of Urethra. Mm.	
18	36	No Gon. No masturbation.	Urinates 1 at night.	Not ex-mained.	5	3½ =	34	At Bulb to 2½ = 36 From 2½ to ¼ = 35 From ½ to Meatus } = 27 Meatus } = 27	6	
19	49	No Gon.	Urinates 2 at night.	Small. Not over one inch lateral.	5¼	3¼ =	36	At Bulb to 3½ = 37 From 3½ to Meatus } = 36 Meatus } = 33	7 3 to 5	
20	60	No Gon.	Urinates 3 to 4 times at night.	Large. Lateral measurement 2½ inches.	4¾	2¾ =	29	At Bulb to 2½ = 31 From 2½ to Meatus } = 30 Meatus } = 24	8	
21	30	No Gon.			5	3½ =	37	At Bulb to 3 inches } = 38 From 3 to 1½ = 36 From 1½ to ¼ = 34 Meatus } = 29	9	
22	67	No Gon.	Urinates 2 to 3 times at night.	Lateral meas. 1½ inches.	5¼	3½ =	37	At Bulb to 3 = 39 From 3 to Meatus } = 37½ Meatus } = 37½	10	
23	59	No Gon.	Urinates once at night.	Lateral meas. 1½ inches.	6	3½ =	37	At Bulb to 3½ = 41 From 3½ to Meatus } = 39 Meatus } = 33½	11 3 to 5	
24	37	No Gon. No masturbation.	do.		5	3¼ =	32	At Bulb to 3 = 33 From 3 to Meatus } = 31½ Meatus } = 20½	12	
25	25	No Gon. Masturbation.	Urinates 4 to 5 times at night.	Lateral meas. 1½ inch.	5	3¼ =	32	At Bulb to 2½ = 32 From 2½ to Meatus } = 31 Meatus } = 21	13	

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								Dis. from Meatus in inches.	Actual Cal. of Urethra. Mm.	
26	40	No Gon. No masturbation.	Urinates 3 to 4 times at night and 4 times daily.		5¼	3¼ =	32	At Bulb to 2½ = 33 At 2½ to 31½ } = 33 From 2½ to Meatus } = 13 Meatus } = 13	14	
27	24	No Gon.	Urinates 4 times daily. not at night. Emissions 2 or 3 every 2 weeks. Trouble-some erections nights			3½ =	34	At Bulb to 3½ = 35½ At 3½ } = 34 Meatus } = 22	15	
28	28	No Gon. No masturbation.			4¾	3 =	30	At Bulb to 1½ = 32 From 1½ to ¼ = 30 Meatus } = 22	16	
29	39	No Gon. No masturbation.	Some dribbling.	not enlarged.	6	3¼ =	32	At Bulb to 3½ = 32 From 3½ to Meatus } = 31 Meatus } = 25½	17	
30	50	No Gon. No masturbation.	Urinates 2 to 3 times at night.	no enlarged.	6	3½ =	34	At Bulb to 2¾ = 35 From 2¾ to Meatus } = 34 Meatus } = 25	18	
31	34	No Gon. No masturbation.	Urinates 1 to 2 times at night; 6 times daily.	Enlarged (double).	5¼	3½ =	34	At Bulb to 3½ = 38 From 3½ to Meatus } = 34 Meatus } = 25	19	
32	16	No Gon. Masturbation from 10 years old.			5	3½ =	35	At Bulb } = 34½ Stricture at 4½ From 3 in. to 1 } = 30 Meatus } = 26	3 to 5	
33	27	No Gon. Masturbation from 9 to 14.	Urinates twice at night. Some dribbling.	Lateral meas. 2 inches.	5	3¼ =	32	At Bulb to 3 = 33½ From 3 to Meatus } = 33 Meatus } = 20½	20	
34	40	No Gon. Masturbation from 8 to 21.	Urinates twice at night.	Lateral meas. 2 inches.	5½	3¼ =	32	At Bulb to 3¼ = 32 At 3¼ } = 28 From 3¼ to Meatus } = 32 Meatus } = 19	21	

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								Dis. from Meatus in inches.	Actual Cal. of Urethra. Mm.
35	46	No Gon. No masturbation.	Urinate once at night. No dribbling.	Not examined.	5	2 7/8 =	29	At Bulb to 2 3/4 = 32 At 2 3/4 = 26 From 2 3/4 to Meatus } = 29 Meatus = 29	22
36	31	No Gon. Masturbation every day, 11 to 14	Frequent nocturnal emissions.	Not enlarged.	5	3 1/8 =	31	At Bulb to 3 = 33 At 2 1/2 = 30 From 2 1/2 to I = 32 Meatus = 20	23
37	45	No Gon. No masturbation.	No dribbling.		5	3 1/2 =	34	At Bulb to 2 3/4 = 34 1/2 From 2 3/4 to Meatus } = 34 1/2 Meatus = 32	24 1 to 3
38	33	No Gon. No masturbation.	Urinate once at night.		5 1/4	3 1/4 =	32	At Bulb to 3 1/4 = 37 From 3 1/4 to Meatus } = 26 1/4 Meatus = 16	5
39	55	No Gon. No masturbation.	Urinate 3 times at night.		6	3 1/4 =	32	At Bulb to 3 1/2 = 32 + From 3 1/2 to Meatus } = 32 Meatus = 30	25 1 to 3
40	52	No Gon.	Urinate at night; 4 times daily		6	3 3/4 =	36	At Bulb to 2 3/4 = 38 From 2 3/4 to Meatus } = 34 3/4 Meatus = 24	26
41	39	No Gon.			5 3/4	3 1/2 =	34	At Bulb to 2 1/2 = 35 + From 2 1/2 to I = 33 to Meatus = 31 Meatus = 22	
42	30	No Gon.			4 3/4 +	3 1/2 =	34	+ At Bulb } = 37 to 2 3/4 } = 36 For 1/4 } = 34 to Meatus } = 34 Meatus = 24 +	27

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								Dis. from Meatus in inches.	Actual Cal. of Urethra. Mm.
43	21	No Gon.			5 1/2	3 1/2 +	34	At Bulb to 3 1/2 = 37 1/2 From 3 1/2 to Meatus } = 33 Meatus = 24	28
44	41				5 1/2	3 3/4 =	36	At Bulb to 3 = 38 From 3 to Meatus } = 30 1/2 Meatus = 26	Pat. stated had hood. Gon. in boy-29
45	38	No Gon.			5 1/4	3 3/8 =	33	At Bulb to 3 1/2 = 34 From 3 1/2 to Meatus } = 33 Meatus = 21	30
46	46	No Gon.			5	3 1/4 =	32	At Bulb to 3 = 36 From 3 to Meatus } = 34 1/2 Meatus = 24	31
47	46	No Gon.			5 1/2	3 3/4 =	36	At Bulb to 3 = 38 From 3 to Meatus } = 37 Meatus = 33 1/2	32 3 to 5
48	29	No Gon.			5 1/2	3 3/4 =	36	At Bulb to 3 = 36 1/2 From 3 to Meatus } = 35 Meatus = 27	Urethra very sensitive. 33
49	34	No Gon.			5 1/2	3 1/4 =	32	At Bulb to 3 1/2 = 37 From 3 1/2 to 3 = 34 At 3 = 30 Stricture. From 3 to 2 = 34 At 2 = 30 Stricture. Meatus = 18	34
50	42	No Gon.			4 3/4	3 1/4 =	32	At Bulb to 3 1/4 = 33 From 3 1/4 to Meatus } = 32 Meatus = 27	J. R. W. 35 3 to 5

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								Dis. from Meatus in inches.	Actual Cal. of Urethra. Min.	
51	47	No Gon.			5½	3½	34	At Bulb to 3 } =36 From 3 } =35½ to Meatus } =27	36	
52	23	No Gon.			5½	3¾	36	At Bulb to 3 } =38½ From 3 } =36 to Meatus } =27½	37	
53	40	No Gon.			5½	3½+	34	+At Bulb } =36 to 3 } =35 From 3 } =31 to Meatus }	38 3 to 5	
54	30	No Gon.			5½	3½	34	At Bulb to 3 } =37 From 3 } =31 to Meatus } =27	3 to 5	
55	36	No Gon.			5¼	3½	31	At Bulb to 3 } =33 From 3 } =31 to Meatus } =18	39	
56	32	No Gon. No masturbation.	Urinate twice at night. Urethra very sensitive.		5½	3¾	33	At Bulb to ¾ } =34 From ¾ } =34 to Meatus } =26	40 to 70 in presence of Dr. W. 40	
57	30	No Gon.	Urinate every 2 hrs. and once or twice at night		5¼	3¼	32	At Bulb to ¾ } =34 From ¾ } =32 to Meatus } =32	41	
58	69	No Gon.		Lateral measurement 1½ inches.	4¾	3½	34	At Bulb to ¾ } =34 From ¾ } =33 to Meatus } =32	42 1 to 3	
59	40	No Gon.	Frequent seminal emissions.		5½	3¼	32	At Bulb } =36 From bulb } =36 to Meatus } =30+	43 arrested at the usual place.	

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								Dis. from Meatus in inches.	Actual Cal. of Urethra. Min.	
60	41*		Urinate 2 to 3 times at night.		5¼	3¾	33	At Bulb to ¾ } =34 From ¾ } =33 to Meatus } =20	44 adulthood in boyhood.	
61	38	No Gon. Masturbation daily from 15 yrs. old for 6 years.	Urinate 2 to 3 times at night.		5¼	3¾	33	At Bulb to ¾ } =33 At ¾ } =30 From ¾ } =33 to Meatus } =25	45	
62	41	No Gon. Masturbation from 18 to present time.	Urethra very sensitive.		4½	3	30	At Bulb to 3 } =33 At 3 } =28 From 3 } =30 to Meatus } =28	46 1 to 3	
63	65	No Gon.			4¾	3¾	36	At Bulb to ¾ } =38½ At ¾ } =34 From ¾ } =35 to Meatus } =25	47 Pus on instrum. when withdrawn.	
64	46	No Gon.	Occasional dribbling after urinating. No frequency of urination		5½	4¼	40	At Bulb to 3 } =42½ From 3 } =39 to Meatus } =25	48	
65	28	No Gon. No masturbation.			5	3¼	32	At Bulb to 3 } =35½ From 3 } =34 to Meatus } =20	49	
66	47	No Gon.			5¼	3¼	32	At Bulb to 3 } =37 From 3 in. } =34 to Meatus } =28	50	
67	17	No Gon. Masturbation from 10 yrs. old to present time (says twice a w'k)			5	3¾	33	At Bulb } =35 to 3 in. } =29½ From 3 to 2½ } =31 From 2½ } =29+	51 1 to 3	