

Selections.

Chronic Posterior Urethritis--Treatment.

In all cases of chronic posterior urethritis, not only is the mucous and the submucous tissue of the prostatic urethra involved, but in addition rectal examination generally shows an enlarged, tender prostate gland, due to follicular inflammation and consequent general hyperplasia.

Aside from recurrent urethral discharge, the most prominent symptoms are those of sexual neurasthenia, and more or less constant irritability of the bladder. Frequent and imperative urination, with constant pain at the end of the penis, pain and fulness in the perineum, slight vesical tenesmus, sexual debility, as shown by imperfect erections, premature ejaculation, and prostaticorrhea, together form a chain of symptoms which, following upon a recent attack of gonorrhea, point unmistakably to the existence of a chronic inflammation in the deep urethra.

Those cases in which vesical irritability is the most prominent symptom Christian (*Therapeutic Review*) treats by irrigation of the deep urethra with solutions of either potassium permanganate 1:8000, increasing the strength to 1:4000, or nitrate of silver 1:8000, increasing to 1:4000. This irrigation is followed by instillation into the deep urethra of about ten drops of a one-per-cent. solution of nitrate of silver. Irrigation is performed by the introduction into the deep urethra of a soft-rubber catheter to which is attached the nozzle of a fountain syringe. About eight ounces of the irrigating fluid is allowed to pass into the bladder, when the catheter is slowly withdrawn, the solution passing through it and irrigating the prostatic urethra as it is withdrawn. After removal of the instrument the patient expels that portion of the irrigating solution which entered the bladder, thereby bringing still more of the medicated solution in contact with the mucous membrane of the pars prostatica.

This treatment, followed by deep injections of nitrate of silver, should be repeated every four days. The strength of the silver solution used in the deep injection should be gradually increased from one per cent. to two, three, four, five, and as high as ten per cent.

A most valuable and necessary adjunct is systematic massage of the prostate gland, not oftener than once a week. To be most effective the prostate should be stripped when the bladder is filled with the silver or permanganate solution. Immediate evacuation washes out the secretion expressed from the gland.

Some cases even with this are intractable. When no improvement occurs under the above treatment, all forms of