

cous membrane, and are therefore inefficient. The remedies can be applied in the fluid, semi-fluid or solid forms. The fluid can be made use of in the dilute or concentrated form. As an injection the dilute form is best. The so-called deep injection or irrigation of the anterior portion of the urethra should be carried out in the following manner. The patient standing, a soft catheter with calibre No. 14 (Charrière scale) having two side openings, is introduced as far as the bulbous portion, the patient holds a vessel in the right hand and the catheter in the left, slowly force the solution in by means of a hand syringe, the medicated fluid flows out from both openings of the catheter into the bulbous portion of the urethra, and on account of the contraction of the compressor urethra cannot pass into the prostatic portion, but flows along the side of the catheter out at the meatus. The object of this irrigation is to bring the injection in its full strength in contact with the bulbous portion of the urethra, the choice seat of chronic gonorrhœa. Various astringents can be employed. The irrigation causes no pain and can be used once a day. The fluid in the concentrated form, which acts as a caustic, can be brushed on the parts. The apparatus to be used for this purpose consists of three pieces made out of hard rubber: (a) straight endoscopic tube; (b) guide for same; and (c), the brush. The calibre of the tube is Charrière scale 20-22. The brush is fitted with a screw movable on the shaft, and can be arranged so that the whole or only a portion of the hair of the brush will project beyond the end of the tube. To be used in the following manner: the patient lying, the straight endoscopic tube containing the guide is rubbed with glycerine and gently passed into the bulbous portion; the guide is then removed, and the brush saturated with the medicated fluid is introduced, the brush and tube are held in one hand, and being withdrawn, are rotated. This can be repeated till the bulbous portion is well

brushed over. When one is accustomed to the use of the endoscope the spots can be seen before the brush is introduced. Solutions of silver nitrate gr. i. to the ounce, or a still stronger solution may be used, most frequently a five per cent. After the parts have been brushed with this solution, and the endoscope introduced, the diseased portion of the urethral mucous membrane is found to be of a greyish white colour, while on the normal part there is but slight change in the colour. The brushing can be done every second day. On its application the patients feel a slight burning, which soon passes away. Suppositories may be used; they are of two kinds, the long and short. The long suppositories are usually prescribed in order that the patients may use them themselves; the short suppositories are 2 c.m. long; they can be introduced into the deeper parts most readily when using the straight tube or the guide. They can be made either from cocoa butter or from gelatine; those most frequently made contain zinc, copper, or tannin. One can be used every day. The short suppositories should be placed in the bulbous portion when the patient is lying down. After one is introduced the patient remains quietly lying, or, if he must move around, the penis should be bound against the abdominal wall to prevent the dissolving suppository from coming away. It should remain at least half an hour in the urethra before the patient is allowed to micturate.

Medication in solid form consists either of powder or dried paste, usually alum or tannin mixed with sugar is blown through the straight endoscopic tube into the urethra. It must be also mentioned that there are certain forms of urethral inflammation which do not yield to this local treatment, where there is a certain dyscrasia, constitutional treatment must be used, for example where there is syphilis antisyphilitic measures must be adopted. In tuberculosis change of air and removal to a country with warm winters is followed