

ORIGINAL CONTRIBUTIONS

THE VALUE, INDICATIONS, AND TECHNIQUE OF
URETHROSCOPY.

NOAH E. ARONSTAM, M.D.

Detroit, Michigan.

THE value of urethroscopy can no longer be disputed. To practise urology without the aid of a urethroscope or cystoscope would be similar to practising diseases of the thoracic organs without the aid of a stethoscope. A great many facts can be elicited by the intelligent use of the urethroscope, that would otherwise escape our closest scrutiny. Urethral lesions are no longer regarded as those of *continuity*, but are known to invade the urethral tract *focally*. It is true that in acute cases we can readily dispense with this instrument, as the urethral mucosa is invariably invaded in its entirety to a greater or lesser degree; if anything, instrumentation of any kind is emphatically contraindicated in acute affections of the urogenital tract.

It may be axiomatically stated, that *the more chronic a urethral malady is, the greater is the indication of urethroscopy*. Excluding the possibility of prostatic and vesicular invasion, the urethra points toward the seat of the trouble, though in a number of cases the above conditions may be concomitant. The technique of urethroscopy is simple and could and should be mastered by every one. The following is a brief description of the technique in detail. The anterior tube has now been entirely discarded; what can be viewed through an anterior urethroscope, can be readily ascertained by means of posterior urethroscopy.

The patient is first instructed to urinate; he is then put upon the table in the recumbent position; some prefer the right angular position of the patient i.e., the patient's lower extremities hanging down at the foot of the table. I personally prefer the complete recumbent position. The genitalia are then thoroughly disinfected by lysol or bichloride solution. The instrument must be thoroughly sterilized by boiling; at no time should it be immersed in any antiseptic solution and used subsequently; such procedure does not render the instrument sterile. Before inserting the instrument, the urethroscopic lumen and that of the light carrier should be thoroughly dried with absorbent cotton, so as to render the field of vision as clear as possible. A chloretone oil may be used as a lubricant wherewith the urethroscope is well lubricated. *In inserting the instrument we must be very careful in not using force*. I employ three sizes viz, 20-22-24 Fr. Larger sizes than twenty-four are not required for complete inspection. If a number twenty is not readily ad-